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Billing and Payment Agreement

Pasadena Pellet Therapy, Inc. is a California Medical Corporation located on the premises of Fair Oaks Women's Health. Pasadena Pellet Therapy, Inc. is a separate entity from Fair Oaks Women's Health and has its own unique NPI number and Tax ID number (see above).

Pasadena Pellet Therapy, Inc. does not submit forms or perform billing of your health insurance for the pellet insertion procedure. The insertion of biodegradable pellets for hormonal therapy may or may not be a covered benefit, depending on your health insurance.

Upon request, Pasadena Pellet Therapy, Inc. will provide you with documentation that will allow you to submit a claim for reimbursement to either your health insurance provider or your flexible spending account (FSA).

The pellets used are created by a licensed compounding pharmacy and the pellet formulation is not considered "FDA-approved." However, the ingredients are pure estradiol (estrogen) or pure testosterone and the ingredients are FDA approved. It is just the pellet formulation that is not FDA approved, and thus there are no drug identifier numbers (NDC) assigned to the pellets.

Agreement

By signing below, I agree to the following:

I have read the above information and I understand it. I understand that payment is due in full at the time of service. I understand that it is my responsibility to submit a claim to my insurance company for reimbursement. I understand that many insurance providers (but not all) do not consider the use of pellet therapy for hormone treatment to be a covered benefit and they may not reimburse me even if I submit a proper claim.

I understand that Pasadena Pellet Therapy, Inc. is not a Medicare provider and these services are not covered by Medicare. I acknowledge that Pasadena Pellet Therapy, Inc. is not contracted with any insurance provider and therefore is not obligated to pre-certify treatment nor respond to letters of denial or appeal. I provide my ongoing consent until revoked in writing for my care and treatment by Pasadena Pellet Therapy, Inc.

NAME _____ DATE _____

SIGNATURE _____