

Jennifer Y. Park, MD, FACOG
One W California Blvd
Suite 511
Pasadena, CA 91105
www.pasadenapellets.com
info@pasadenapellets.com



tel: 626-734-7220
tel: 855-6PELLET
tel: 855-673-5538
fax: 626-734-7152
NPI: 1831416734
Tax ID: 27-2443605

Billing and Payment Agreement

Pasadena Pellet Therapy, Inc. is a California Medical Corporation. 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., A Medical Corporation, is not a practice of, nor in any way affiliated with, Cedars-Sinai Medical Care Foundation.

Pasadena Pellet Therapy does not submit forms or perform billing of your health insurance for their services. 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 will provide you with documentation that can be used to submit a claim for reimbursement to either your health insurance provider or your flexible spending account (FSA). There is no way to know if the claim will be paid or denied. This depends on each plan and its benefits.

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