

BIO-BALANCE FOR WOMEN OF ST. LOUIS, LLC

10806 Olive Boulevard
Creve Coeur, MO 63141
(314) 993-0963

4400 Broadway, Suite 306
Kansas City, MO 64111
(816) 753-6552

**Pellets must be paid for by the patient at the time of service, either by cash, check or credit card (Visa, MasterCard or Discover).*

Patient Name _____
(Last) (First) (Middle)

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____ Cell Phone/Pager _____

E-mail Address _____

Date of Birth _____ Age _____ Marital Status _____ Patient SS # _____

Employer _____ Occupation _____

Work Address _____ Work Phone _____

City _____ State _____ Zip Code _____

Referred by _____

In Case of Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____

I understand that payment is due, in full, at the time of service. I also understand that it is my responsibility to submit a claim to my insurance company for possible reimbursement. I have been advised that *most* insurance companies do not consider hormone pellet therapy to be a covered benefit and my insurance company may not reimburse me, depending on my coverage. I acknowledge that Bio-Balance 4 Women has no contracts with any insurance company and is not contractually obligated to pre-certify treatment with my insurance company or answer letters of appeal.

Signature: _____ Date: _____

This consent is ongoing for present and future treatment.