

To our NEW Pasadena Pellet Therapy (female) Patient:

To start treatment with **Bio-identical Hormone Pellets** for Menopause or Peri-menopause, there are several tests needed to assess your health, your risks and your dose of hormones in the pellets. After we have reviewed your health survey and your symptoms, we will determine whether you are a candidate for Bioidentical Pellet therapy. If you are a candidate, we will ask you to do the following:

1. Have your blood drawn for hormonal levels—fasting for 12 hours prior. Please do this **AT LEAST 2 WEEKS BEFORE YOUR APPOINTMENT**
 - We will provide a lab slip. These charges will be billed to your insurance.
2. **You need to have an up-to-date mammogram.** If you have not had one in the past year, please make an appointment. Call Randall Breast center at (626) 793-6141.
3. **You need to have a pelvic ultrasound.** If you have not had one in the past year, please schedule one through Fair Oaks Women’s Health. This will be billed to your insurance. You can have your ultrasound done the same day as your pellet insertion, but you need to make the appointments in advance. Call (626) 304-2626.
4. **You need to have an up-to-date pap smear.** If this is not current, you can schedule one through Fair Oaks Women’s Health (626) 304-2626.

Bio-identical Hormone therapy - Policies

Pasadena Pellet Therapy operates on a cash basis, so payment is expected at the time of service. Pasadena Pellet Therapy is a separate medical practice from Fair Oaks Women’s Health and we cannot bill a pellet insertion procedure through Fair Oaks Women’s Health. We will bill consultation, labs, and ultrasounds with Fair Oaks Women’s Health for you if you have private (non-HMO) insurance.

Pasadena Pellet Therapy has no contracts with any insurance companies. You are expected to pay in full at the time of service for pellet insertion. We can provide you with forms to send to your insurance company. If your insurance company approves this service, they will send you the payment directly. We cannot send letters of necessity or call the insurance to request payment, so please do not ask the staff to do this for you. It is your responsibility to deal with your insurance company. You may pay with cash, check, or credit card.

Let's Talk about the Cost

If you are discouraged by the cost of this therapy, consider this: You will no longer have to pay for multiple medicines that have 20 to 60 dollar co-pays every month. You will be able to stop buying many non-prescription treatments. If you add up the cost of your current medicines, time at the pharmacy, and costs saved on no-longer needed alternative therapies for menopause and sexual dysfunction, you will save money and will also improve the quality of your life.

Other Bio-identical Hormone Therapy is inferior to Pellet Therapy, is not generally covered by insurance and can cost \$60 to \$125 a month or more! That is a higher cost than pellet therapy, is not as effective and has more side effects and less convenience.

The average fee for pellets and pellet insertion runs \$400 to \$600 every 3-4 months. If you require pellets inserted every 4 months, your total cost will be an average of \$1,200 to \$1,800 per year which is about \$100 to \$150 per month.

If you use routinely prescribed HRT, you probably have one or two co-pays per month for medications, at \$20 to \$60 per co-pay, or \$40 to \$120 per month with insurance. In the worst-case scenario, you would be paying over \$1,200 per year for traditional therapy with just co-pays. If your insurance does NOT pay for bio-identical hormones, then the cost for bio-identical hormones can be twice the cost of pellets or more.

Benefits of Using Bio-identical Pellet Therapy

Increased Productivity: If you are a person who has her own business or is paid only when you work, I can tell you that you will increase your productivity so much that *you will cover the yearly cost of Pellet Therapy in a few months*. If you are not self-employed you will still have more free time and increase your productivity once you begin pellet treatments!

Decreased need for Medical Care from other specialists: If you experience fibromyalgia, migraines, memory loss, sleep problems, low energy, dysfunctional immune system, or other health problems that increase with age, pellet therapy can help you! You will save the money that you now spend on medications and doctor visits for those conditions, because you will feel better and be healthier.

Keep your Marriage Healthy: With loss of libido and fatigue, we become depressed and impatient, lose interest in our partners and place our relationships at risk! Pellet therapy can restore your libido and your energy! Loss of libido in women past 40 is known to be a contributing factor in divorce, and the emotional and psychological cost of this is enormous! Marriage counseling is rarely covered by insurance and lawyers are very expensive. When we feel well and have our sex drive back, our relationships get much better. You cannot measure the cost savings of keeping your marriage healthy.

The real message here is that when you consider ALL the Benefits of Pellet Therapy -- improved energy, better sleep, mental clarity, restored libido – the price you pay is worth it! You owe it to yourself to try out this unique and effective approach to hormone therapy. Improved health and a restored sense of wellbeing is (to use a cliché) - PRICELESS!

Sincerely,
Jennifer Y. Park, MD, FACOG



Pasadena
Pellet Therapy
www.pasadenapellets.com

PATIENT INFORMATION FORM

Please take a few minutes to complete this form. There may be times when it is urgent that we contact you, so please try to be as complete and accurate as possible, especially with phone numbers. Thank you very much. All information provided is completely confidential.

DATE TODAY _____ [Office use: (HH Med Rec # _____)]
 PATIENT LAST NAME _____ FIRST NAME _____ M.I. _____
 PREFERRED NAME _____ MAIDEN NAME _____
 DATE OF BIRTH _____ SSN# _____ RACE _____
 MARITAL STATUS M S D W _____ DRIV LIC. # _____ RELIGION _____
 ETHNICITY (H, NH or D) _____ (H - Hispanic, NH - Non-Hispanic or D- Declined)
 ADDRESS _____ (PO Boxes Not Allowed)
 ZIP _____ CITY _____ STATE _____
 HOME PH.# _____ WORK PH.# _____ CELL PH.# _____
 FAX # _____ email: _____

PREFERRED PHONE NUMBER M-F 9-5 (circle one): **HOME** **WORK** **CELL**

Are you employed? _____ If yes, EMPLOYER NAME _____
 EMPLOYER PH. # _____ FAX # _____
 ADDRESS _____
 ZIP _____ CITY _____ STATE _____
 YOUR OCCUPATION _____

HOW DID YOU HEAR OF US? _____

PHARMACY INFORMATION

PHARMACY NAME: _____ PHONE _____
 PHARMACY STREET ADDRESS: _____
 PHARMACY CITY, STATE, ZIP _____

EMERGENCY CONTACT INFORMATION

CONTACT NAME _____ RELATIONSHIP _____
 MAIN PHONE _____ OTHER PHONE _____

Payment is due at time of service. We accept cash, check, VISA, MasterCard and AMEX

PERMISSION TO LEAVE DETAILED MESSAGES ON YOUR VOICE MAIL or e-MAIL?

Please sign below if you give us permission to leave messages (such as test results) on your voice mail or e-mail:

SIGNED _____ DATE _____

Jennifer Y. Park, MD, FACOG
Bryan S. Jick, MD, FACOG
Diane Guerrero, RNC, WHNP
625 South Fair Oaks Ave
Suite 255A
Pasadena, CA 91105



Telephone 626.696.2655
Telephone 626.304.2626
Facsimile 626.585.0695
www.pasadenapellets.com
NPI: 1831416734
Tax ID: 27-2443605

New Patient History (female)

Name: _____ Date: _____

Date of Birth _____ Age _____ Occupation _____

Patient History
(check all that apply)

- Fatigue and Lack of Energy
- Decreased or absent sex drive (Low Libido)
- Infrequent or absent orgasms
- I feel hopeless and without motivation
- PMS (premenstrual symptoms)
- Dry and wrinkled skin
- Hot Flashes or Night Sweats
- Insomnia
- Changes in mood: anxiety and/or depression
- Weight gain
- New Migraine Headaches
- Dry Eyes
- Declining mental ability and memory
- Diminished strength and exercise tolerance
- Muscle shrinkage, loss of muscle tone
- Joints ache and/or new onset of arthritis symptoms
- Osteoporosis, osteopenia or loss of height
- Other _____

Medical History

Allergies to Medicines: _____

Current Medications: _____

Preventive Medical Care (when)

- Medical/GYN Exam in the Last Year _____
- Mammogram in last 12 months _____
- Bone Density in last 12 months _____
- Pelvic Ultrasound in last 12 months _____

New Patient History (page 2)

Past Medical and Hysterectomy History:

- Breast Cancer
- Uterine Cancer
- Ovarian Cancer
- Hysterectomy with removal of ovaries
- Hysterectomy only, still have one or both ovaries
- Blood clot or Pulmonary Embolism

Other Medical Illnesses:

- Diabetes
- High blood pressure
- Heart bypass surgery or stents
- Thyroid disease
- High cholesterol
- Depression or anxiety
- Fibromyalgia or Chronic Fatigue Syndrome
- Cancer not listed above (type): _____ Year: _____
- Other: _____
- Other: _____

Past Surgical History: None Yes (please specify below)

Type	Date
_____	_____
_____	_____
_____	_____
_____	_____

Birth Control Method:

(Must be menopausal, have had hysterectomy or use reliable birth control to be on pellet therapy)

- Menopause
- Hysterectomy
- Birth Control Pills
- Tubal Ligation
- Vasectomy (my monogamous committed partner)
- Other: _____

Social:

- I have completed my family
- I want to be sexually active
- I am married or in a committed relationship (with male or female): _____
- I am sexually active (with male, female, or both): _____

New Patient History (page 3)

Habits:

- I smoke cigarettes
- I drink more than 10 drinks of alcohol per week
- I am a recovering alcoholic or substance abuser
- I use or have used marijuana in the past year
- I use or have used cocaine or other illegal drugs in the past year

Forms of Hormone Replacement I have used and results:

Other problems or concerns not listed in this questionnaire:

Your Goals:

- I am here for Hormone Pellet Therapy
- I would like to know more about other forms of Bio-identical hormone replacement
- Other: _____
- _____

Signature: _____ Date _____

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Pre-Pellet Laboratory Tests (female)

Patient Name _____ Date _____

The following tests are done as part of the Pre-Pellet Lab Panel.

You need 12 hours fasting, water only.

Usually this means no food after a normal dinner, and draw labs the next morning.

Bring a snack to eat after they draw your blood.

CBC – complete blood count

CMP – comprehensive metabolic panel

Lipid panel

Estradiol

Estrone

FSH

LH

Prolactin

Thyroid Panel with TSH

Testosterone – Free

Vitamin D3 level

Applicable ICD-10 Billing Codes

___ N95.1 (female menopause)

___ E34.9 (endocrine disorder unspecified)

___ R23.2 (hot flashes)

___ R68.82 (decreased libido)

___ R53.83 (other fatigue)

You may take this signed lab order slip to any lab.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Y. Park". The signature is written in dark ink and is positioned above the printed name.

Jennifer Y. Park, M.D., F.A.C.O.G.

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WE HAVE PRIMEX LAB IN OUR OFFICE

All necessary blood tests can be done in our office, Monday through Friday, from 8:00 am to 4:00 pm. You need to be fasting for your FIRST blood draw. This means no food after bedtime but drinking water is ok. Bring a snack to eat after they draw your blood. The labs are normally covered by your medical insurance except some, such as CIGNA, do not have a contract with Primex. We have also provided information on Quest Labs for those with CIGNA or if you are not sure if Primex is a covered lab. (Primex is not affiliated with Fair Oaks Women's Health or Pasadena Pellet Therapy. We offer them as a convenience for our patients.)

QUEST LOCATIONS

You can make an appointment at a Quest Lab location near you to have your blood drawn. To make an appointment using the Quest automated system call 888-277-8772.

Pasadena

50 Bellefontaine St.
Suite #101
Cotton North Medical Building
Pasadena, CA 91105

65 N. Madison Ave.
Suite #305
Medical Building
Pasadena, CA 91101

960 E. Green St.
Suite #164
Medical Building
Pasadena, CA 91106

1845 N. Fair Oaks Ave.
Suite P301
Community Health Clinic
Pasadena, CA 91103

Glendale

3600 N. Verdugo Rd.
Suite 303
Glendale, CA 91208

800 S. Central Ave.
Suite 205
Glendale, CA 91204

San Gabriel

416 W. Las Tunas Drive
Suite 204
San Gabriel, CA 91776

Alhambra

723 S. Garfield Ave.
Suite 301
Alhambra, CA 91801

Arcadia

612 W. Duarte Rd.
Suite 104
Arcadia, CA 91007

301 W. Huntington Dr.
Suite 413
Arcadia, CA 91007