



DR LINDA COLEMAN & ASSOCIATES

SOTTOPELLE

STATEMENT OF FINANCIAL RESPONSIBILITY

Initial Hormone Consult:

We will submit all initial consults to insurance for services rendered on your behalf. Any portion not covered by your insurance due to deductibles, co-payments or coinsurance are patient responsibility. Patients who do not have medical insurance will be expected to pay charges incurred on the date of service.

Insertion & Pellet Fees:

Most insurance companies are not covering Bio-Identical Hormone-Replacement Therapy at this time. Therefore patients are responsible for their balance at the time of service. Our office will provide a copy of the itemized bill at the end of the visit. Patients may submit this to their insurance for reimbursement if they choose to.

Insertion fee for initial visit: \$190.00
Insertion fee for follow up visits: \$80.00

Pellets are always \$40.00 each.
Women typically receive 1-3 pellets
Men typically receive 7-10 pellets

These amounts can vary based on blood work results, medical history & consult with doctor

Payment Options:

Our offices accept Visa, MasterCard, and American Express. Our offices also accept personal checks or cash.
There will be a nonadjustable fee for all returned checks.

I have read the above statement and agree to its terms.

Print _____

Signature _____

Date _____