

## Insurance Waiver

\_\_\_\_\_ The Hormone Zone and Illuminar Metabolic Health are **not contracted** with any insurance companies and **does not submit claims** for our services. **If you intend to file a claim please confirm coverage with your insurance provider including Medicaid/Medicare before proceeding with any labs.** I will not be holding The Hormone Zone and Illuminar Metabolic Health responsible for any charges not covered by my insurance provider including Medicare/Medicaid.

**Listed below is information that may help determine lab coverage:**

Dr. John A. Robinson's NPI#	1104953579
Dr. Cristina Romero-Bosch's NPI#	1205015526
Female Diagnosis Codes:	E34.9, E07.89, N95.1
Male Diagnosis Codes:	E34.9, E07.89, N41.9

\_\_\_\_\_ Medicare/Medicaid does **not** cover labs. Medicare/Medicaid Supplemental insurance may or may not cover labs. Please verify with your supplemental insurance provider if labs will be covered and your out of pocket costs.

\_\_\_\_\_ The Hormone Zone and Illuminar Metabolic Health recommends Theranos labs due to pricing and quick turn around time on lab results. Theranos labs are located in certain Walgreens in the valley. To locate a Theranos center go to: <http://www.theranos.com/centers>.

Female new patient labs, cash price approximately and depending on lab: \$170.00

Male new patient labs, cash price approximately and depending on lab: \$165.00

*\*Please note pricing is determined by Theranos Labs and is subject to change.*

\_\_\_\_\_ We offer the option of pre-paying a "cash price" with LabCorp. If you wish to process through insurance please be aware LabCorp has different pricing categories: a cash price and an insurance price. The insurance price can be considerably higher than the cash price. Once labs have been submitted through the insurance category we cannot reverse to a cash price.

Female new patient labs, cash price approximately and depending on lab: \$650.00

Male new patient labs, cash price approximately and depending on lab: \$550.00

*\*Please note pricing is determined by LabCorp and is subject to change.*

I, \_\_\_\_\_ have been explained my lab options and will not hold The Hormone Zone and Illuminar Metabolic Health responsible for any charges not covered by my insurance carrier or Medicare/Medicaid. I understand that The Hormone Zone and Illuminar Metabolic Health are not contracted with my insurance company. I also acknowledge that I am responsible for submitting insurance information to my insurance carrier if requesting reimbursement.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date