**LABORATORY DISCLAIMER**

Unfortunately, Insurance companies do not recognize Bio-identical hormone replacement therapy as “necessary medicine”. Bio-Identical hormone therapy is considered “alternative medicine”.

**Additionally, the physicians and physician assistants at Allura Skin, Laser, and Wellness Clinic are not associated with any insurance companies, including MEDICARE**.

**Your insurance is not obligated to pay** for blood work ordered by our providers. However, labs will be covered if ordered by **your** primary care physician.

**Medicare Patients:**

Two weeks prior to each appointment (or earlier upon request), you will receive a letter addressed to your physician requesting specific labs be drawn. Please take this letter to your physician or clinic. **By having your physician order the labs, your insurance should cover the cost of the labs.**

Should your physician **refuse to order** the necessary labs, please contact our office and ask to speak to a member of the Bio-Identical Hormone staff.

**Medicare Patients or Patients who do not have health insurance or have health plans with large deductibles:**

Allura has contracted reduced lab fees with **LABCORP**. The lab fees must be prepaid at Allura before the labs will be drawn at a LABCORP facility. We accept credit card payments over the phone.

**Longmont United** and **Horizon** offer “patient assisted programs” which are discounted lab fees for patients who do not have health insurance or have health plans with large deductibles. The programs allow you to have labs drawn without a physician’s order. We can assist you by letting you know which labs need to be ordered. At the lab site, you will complete an order form selecting the labs to be drawn. As this is a patient driven program, the lab will mail the results directly to you. We are not given a copy of your results so please bring your lab results with you to your appointment.

In order to have lab results available at your appointment, we recommend drawing labs 10-14 days prior to your appointment.

By signing below, I understand the information given above.

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Print Name Date of Birth

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Signature Date