



LINAE HEALTHSPAN INSTITUTE, INC.
227 North El Camino Real
Suite 203
Encinitas, CA 92024
(760) 632-0100

AGREEMENT FOR MEDICAL SERVICES

_____ (PATIENT) and LINAE HEALTHSPAN INSTITUTE, INC., (PHYSICIAN) hereby enter into this agreement for provision of medical services specified herein (“Services”). Wherefore, in exchange for consideration, the receipt and sufficiency of which the parties hereby acknowledge the PATIENT and PHYSICIAN agree as follows.

1. LINAE HEALTHSPAN INSTITUTE, INC., and its PHYSICIANS are responsible for the evaluation and prescription of hormone replacement therapy and laboratory tests to monitor the administration of hormone replacement. The initial laboratory testing and initial consultation will be billed separately to the patient and are not included in the program price. In addition, the pharmacy, will bill the PATIENT directly for medications prescribed through the PHYSICIAN.
2. The PATIENT acknowledges and agrees that this agreement has been entered into before the PHYSICIAN has provided the services specified herein to the PATIENT.
3. The PATIENT acknowledges and agrees that this agreement has not been entered into at a time when the PATIENT is facing an emergency or an urgent health care situation.
4. The services to be provided to the PATIENT are: performing diagnostic tests and providing anti-aging and hormone-balancing replacement therapy.
5. The PATIENT acknowledges that LINAE HEALTHSPAN INSTITUTE, INC. does not participate in ANY insurance programs and does not submit claims to any insurance company. The services offered at LINAE HEALTHSPAN INSTITUTE, INC., are either non-covered by Medicare or are considered ancillary to those non-covered services and therefore non-reimbursable by Medicare.
6. The PATIENT agrees to be financially responsible for the MEDICAL SERVICES provided by LINAE HEALTHSPAN INSTITUTE, INC. Although hormone replacement therapy is medically beneficial, sometimes insurance companies have not yet accepted this position. At this point in time, some insurance companies and MEDICARE will not reimburse for preventive care or anti-aging/hormone-balancing replacement therapy. As a result of this, medical records will not be provided to any insurance company or MEDICARE. The United States Department of Health and Human Services, Office of Inspector General, takes the



position that a PHYSICIAN who orders “medically unnecessary” tests may be subject to civil penalties. Because of this, it is the policy of this office not to fill out any insurance benefit claim forms or provide a letter of medical necessity. The Health Insurance and Reform Act of 1997 allows the Federal Government to investigate what they may determine is “health insurance fraud” or any medical treatment not deemed “medically necessary” by the Federal Government. Even though the use of human growth hormone in adults has been approved by the Food and Drug Administration, it has not been recognized by the Federal Government as “medically necessary” and therefore, could be interpreted as fraudulent.

7. The PATIENT acknowledges that health insurance companies or “Medigap plans” (42 U.S.C., section 1882) will not provide reimbursement for the SERVICES and that no fee limits (including those specified in 42 U.S.C., Section 1395a, 1848g) will apply to the amounts PHYSICIANS charge for their SERVICES.
8. The PATIENT acknowledges that PATIENT has the right to have services provided by other PHYSICIANS for whom payment may be made under health insurance plans or MEDICARE.

Patient Signature

Linette F. Williamson, MD

Linette F. Williamson, MD Medical Director

Witness Signature

Date