



Registration

Date: _____

Welcome to Level Up Testosterone Replacement! Our desire is to maximize testosterone levels in men who have lost the vigor of life due to the negative affects of Andropause, aka "Low-T". Our program is a highly personal, comprehensive and longterm approach.

In order to provide you the most personalized experience, please accurately complete the following patient information:

First name: _____ Last Name: _____ MI: _____

Preferred Name: _____ Occupation: _____

Address: _____

City, State, Zip: _____

DOB: ____/____/____ Age: _____ Height: _____ Weight: _____ Gender: M F

Email: _____ Cell: _____ Work: _____

Marital Status: Married Single Divorced Widowed

Emergency Contact: _____ Relationship: _____ Cell: _____

Please tell us the best way to contact you for clinical reminders: Text Email Text & Email

How did you here about us? Web Search Friend or Family Facebook Advertisement

Insurance Policy

Medical insurance policies typically do not cover testosterone replacement therapy or related expenses, including laboratory testing, electrocardiograms, prescription medication or related supplements. Your primary diagnosis is testosterone deficiency. Payment is due at the time of service and monthly thereafter. The codes used for this purpose may or may not correspond to the codes used by insurance companies. Change to "Codes" will not be made for the use of any insurance company. Insurance companies may reimburse patient for expenses related to testosterone therapy; for instance, if testosterone therapy is part of the treatment of a co-morbid condition. Reimbursement will not be made from the insurance company to the physician. **Please note that Level Up TR will not present a bill to any insurance company for testosterone replacement and will not be obligated to complete any form that may be provided by a health insurance company sent to the patient or physician in this regard.**

I have read the above and fully understand that Level Up TR does not accept medical insurance. I am aware that I will receive an appropriate receipt of payment for my personal use. I understand the specifics of these receipts and limitations as described above. I accept these policy rules.

Print Name

Signature

Date



Statement of Acknowledgment

Please initial each item below to acknowledge understanding:

_____ **LEVEL UP TESTOSTERONE REPLACEMENT DOES NOT TREAT PATIENTS FOR ATHLETIC PERFORMANCE OR ENHANCEMENT.** We do not treat bodybuilders or professional athletes. You must have a verified deficiency and medical need to qualify for treatment by our physicians.

_____ I agree, while a patient of Level Up Testosterone Replacement, that I will not take any type of anabolic steroids, hormone "boosters", pro-hormones, Human Growth Hormones or any additional testosterone supplementation not provided by Hormone Therapeutics during my treatment plan. At any time, if use of these items is discovered, I understand I may be discharged as a patient of Level Up Testosterone Replacement.

Notice of Privacy Practices

How We Collect Information About You:

Level Up Testosterone Replacement (LUTR) and its employees collect data through a variety of means, including but not limited to letters, phone calls, emails, voice mails, and from the submission of applications, that is either required by law, or necessary to process applications or other requests for assistance through our organization.

What We Do Not Do With Your Information:

Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence. We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about applicants or clients who apply for or actually receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client.

How We Do Use Your Information:

Information is only used as is reasonably necessary to process your application or to provide you with health or counseling services which may require communication between LUTR and health care providers, medical product or service providers, pharmacies, and other providers necessary to: verify your medical information is accurate; determine the type of medical supplies or any health care services you need or to obtain or purchase any type of medical supplies, devices, and medications. If you apply or attempt to apply to receive assistance through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

Print Name

Signature

Date