Financial Responsibility

All professional services rendered are charged to the patient and due prior to service. I have requested medical services from Hormone Therapeutics' partners and affiliates on behalf of myself and/or dependents, and understand that by making this request, I become fully financially responsible for any and all charges incurred in the course of the treatment authorized.

I understand that Hormone Therapeutics and HT Physicians do not accept insurance and that fees are due and payable prior to services rendered and I personally agree to pay all such charges in full. I have requested these medical services and take full responsibility for all shipments made to the location of my designation for all treatments prescribed for me by Hormone Therapeutics, HT Physicians and its affiliates. I understand that there are no returns as all sales are final. I agree to pay a $15 prescription fee each time we send a prescription to the pharmacy for delivery. In addition to agreeing to ensure a safe delivery to the address of my choosing for any treatments, I agree that I will not cancel any credit card payment to Hormone Therapeutics, HT physicians, or any of its affiliates for the services I have requested. A fax or photocopy of this agreement is to be considered as valid as the original.

Patient / Responsible Party Signature: _____ Date:_____

Printed Name of Patient: _____

Type of Credit Card: _____

Name as it Appears on Card: _____

Billing Address: _____

Credit Card Number: _____

Expiration Date: _____ CSV:_____

Please fax the entire completed form to 1-888-467-1838 or scan and email it to forms@hormonetherapeutics.com