PINNACLE
WELLNESS GROUP
Outpatient Medication Therapy

Concierge Hormone Optimization Membership Overview

Your hormone optimization therapy membership is part of an annual clinical program designed to focus on optimizing your health using hormone replacement treatments (HRT).

The focus is optimizing your health with functional, lifestyle, and preventive care to help individuals to not merely be free of illness, but to thrive, physically, mentally and emotionally.

Through comprehensive, personalized care centered on HRT and optimal health, you will make rapid, dramatic improvements in your quality of life. We just don't focus on the "number", we treat "how you feel". This is the basis for true hormonal optimization.

Our medical staff are well trained and experienced in HRT having 25 plus years of combined experience in the field of hormonal optimization. They are members of WorldLink Medical, a research based continuing medical education organization that provides up to date, current education on hormonal optimization and shared experiences of hundreds of similar physicians around the country.

With the Pinnacle Wellness HRT team, you will be getting the most up to date professional medical care.

Want to feel great again? Sign up today for our monthly program. (Please note that male and female pricing varies due to the increased complexity of management and balance of medications in females.)

Program cost/details:

- $250 - Initial visit with physician to include evaluation and review of lab work to determine if you will benefit from the program (same for male and female)
- Male TRT - $179/month includes medical visits and costs of medications (testosterone injectable or cream). Starts the 1st of the following month.
- Female TRT - $229/month includes medical visits and cost of medications (progesterone, estradiol a/o testosterone cream – patches are not covered and will need to be billed through your insurance). Starts the 1st of the following month.
- Payable on a credit or debit card – billed monthly (we are unable to accept cash or checks)

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- 10% discount if paid yearly, up front
- 15% discount for military veterans, firefighters, paramedics and police officers (cannot combine both discounts)
- Office visits (usually every 4 months) can be made in person or via a telemedicine visit for your convenience.
- If you need a maintenance visit in addition to your scheduled appointment, we can accommodate you.
- Prescriptions will be filled ONLY at Butterfield's Pharmacy in Port Saint Lucie or Gardens Pharmacy in Palm Beach Gardens (mail order)
- Medication is prescribed for a 3-month supply, refills will only be authorized if your account payments are up to date.
- To minimize your total cost, we use your insurance for lab work. (You are expected to obtain your lab work at least 2 weeks prior to your next visit so we can be accurate in dosing adjustments.)
- Please give us at least 2 business days when refills of your medication is needed.

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Agreement for Self-Payment of Services

Pinnacle Wellness Group, LLC (PWG) is committed to providing the best quality healthcare services. We do not participate in any insurance plans, and we do not accept any health insurance. Our services are 100% self-pay by our patients. By signing this form, you acknowledge that our services are self-pay.

You have selected services for purchase from us on a self-pay basis. You agree to be 100% responsible for full payment of the listed price of the services. We DO NOT accept insurance for our program although you may use your insurance to cover the cost of lab work.

Payments will be deducted from the Credit/Debit Card you are required to leave on file. Your card will be billed on the first business day of the month. The breakdown per month is

HRT Male	**Initial Visit $ 250**	**Recurring $ 179/month**
Paramedic, Firefighter, Police (Male)	**Initial Visit $ 213**	**Recurring $ 152/month**
HRT Female	**Initial Visit $ 250**	**Recurring $ 229/month**
Paramedic, Firefighter, Police (Female)	**Initial Visit $ 213**	**Recurring $ 195/month**

Patient Signature

Date

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Consent for Recurring Credit Card Payments

I ("the patient") agree to allow Pinnacle Wellness Group, LLC (PWG) to securely store a credit/debit card (the "payment method"). The patient authorizes the payment method to be used automatically for any patient responsibilities for payment. If the patient wants to designate a different payment method or if there is a change in the patient's payment method information, the patient must change the information by notifying the office for a new consent form. This may temporarily delay the ability to make payments while we verify the new payment information.

If the patient purchases a subscription to Pinnacle Wellness Group, LLC (PWG) services, the patient's subscription is continuous and will be automatically renewed at the end of the applicable subscription period, unless the patient cancels his or her subscription before the end of the then-current subscription period in writing. (30 Days)

If the patient cancels his or her subscription, the patient's account will automatically close at the end of the current billing period. Pinnacle Wellness Group, LLC (PWG) may change the price for the patient's subscription, from time to time and will communicate any price changes to the patient in advance. Price changes will take effect at the start of the next subscription period following the date of the price change. Subject to applicable law, the patient accepts the new price by continuing to use the PWG services after the price change takes effect. If the patient does not agree with a price change, the patient has the right to reject the change by unsubscribing from the services or products prior to the price change going into effect.

The patient represents and warrants that (i) any credit/debit card information the patient supplies is true, correct and complete, (ii) charges incurred by the patient will be honored by the patient's credit/debit card company, (iii) the patient will pay the charges incurred in the amounts posted, including any applicable taxes, and (iv) the patient is the person in whose name the credit/debit card was issued and the patient is authorized to make a purchase or other transaction with the relevant credit/debit card and information. The patient agrees and authorizes the payment method to be billed automatically for the entire visit, according to the published pricing on the Pinnacle Wellness Group (PWG) website, which is subject to change

at any time. If Pinnacle Wellness Group (PWG) is unable to secure funds from the patient's debit/credit card(s) for any reason, including, but not limited to, insufficient funds in the debit/credit card or insufficient or inaccurate information provided by the patient when submitting electronic payment, Pinnacle Wellness Group (PWG) may undertake further collection action, including application of fees to the extent permitted by law. The patient has the right to revoke this authorization by contacting Pinnacle Wellness Group (PWG) via messages@PinnacleWellnessGroup.com at least fifteen (15) days prior to the scheduled payment date. The patient understands and acknowledges that services may be cancelled or withheld if the patient revokes this authorization, and that the patient is still responsible for all charges incurred by the patient or otherwise owed to Pinnacle Wellness Group (PWG). This authorization will remain in full force and effect until revoked by the patient or Pinnacle Wellness Group (PWG).

The patient acknowledges and agrees he or she will not dispute the payment with the credit/debit card company, provided the transactions correspond to the terms indicated in this authorization form.

Patient Signature

Date

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Credit Card Authorization Form

Please complete all fields.

You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information Card Type:

☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____ CVV: _____

Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize Pinnacle Wellness Group, LLC to charge my credit card above for agreed upon purchases. I understand that my information will be saved to my file for future transactions on my account.

_____ _____

Patient Signature **Date**

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Informed Consent for Male Hormone Optimization

Patient Name _____ **Date of Birth** _____

Date _____

Purpose and Philosophy of Therapy

After discussion with my practitioner who explained everything in layman's terms, I understand that I am being prescribed a personalized hormone optimization program which may include **Testosterone (TRT), DHEA, and/or Thyroid (T3/T4) optimization** as well as other supplements such as Vitamin D3/K2, B12, Fish Oil, among others. Each hormone or supplement has potential side effects, although all are generally well tolerated. We will discuss each hormone or supplement with the patient on an individual basis.

Men's testosterone levels continue to drop as they age, resulting in a constellation of symptoms that is now called andropause. The goal of symptomatic treatment is to improve parameters that result in much better quality of life. We will utilize testosterone generally in the form of injections or topical creams, but in certain cases, an oral preparation, which includes RDT, which is a rapidly dissolving tablet. Currently there is a new preparation called Testosterone Undecanoate which bypasses the liver and is metabolized through the lymphatic system and is safe however it is very difficult to get levels that most men require to have improvement and symptoms. This form is also very expensive. I acknowledge that:

- **Symptom-Based Treatment**: This clinic treats based on clinical symptoms and evidence-based therapy supported by Worldlink Medical, a leader in evidence-based treatment. Your hormone levels may fall within a "standard" laboratory reference range but still be suboptimal for my health and vitality.
- **Optimization Goals**: We aim to optimize levels to the higher end of the physiological range to achieve maximum benefit.

Scope of Treatment & "Off-Label" Notice

- FDA Status: Most of the hormones used are "off-label," meaning they are FDA-approved for specific diseases but are being used here for health optimization
- This is very common in daily practice in all fields of medicine.

- Compounding Pharmacies: Medications may be prepared by a compounding pharmacy. These are specialized, certified pharmacies that create customized dosages. While the ingredients are high-quality, the specific compounded preparation is not individually FDA-approved.

Expected Benefits

Potential benefits of male hormone optimization include, but are not limited to:

- Increased lean muscle mass and reduction in visceral (belly) fat.
- Improvement in libido, sexual function, and energy levels.
- Enhanced cognitive function, mood stability, and relief of "brain fog."
- Cardiovascular protection, improved lipid profiles although some may experience a decrease in HDL, and increased bone density.
- Overall improvement in vitality

Potential Risks and Side Effects

While side effects are generally manageable with monitoring. I acknowledge the following risks:

- **Hematologic:** Increased red blood cell count (Erthrocytosis), which may require blood donation or therapeutic phlebotomy. This does not cause blood clots or heart attack or stroke. This is NOT Polycythemia Vera which has elevated red blood cells, white blood count and platelets which may cause clotting.
- **Reproductive:** Testicular atrophy (shrinkage)and a decrease in sperm count/fertility.
- Fertility will be discussed on an individual basis with practitioner.
- **Hormonal/Physical:** Acne, oily skin, fluid retention, or breast tissue enlargement which is very uncommon when used for physiologic replacement of a deficiency.
- **Organ-Specific:** Potential for prostate enlargement or stimulation of undiagnosed prostate cancer (TRT does not *cause* cancer but may accelerate existing growth).
- **Cardiovascular:** Rare risks of blood clots, stroke, or heart attack. Generally, have improvement in cardiovascular health. Especially if you include fitness in your daily routine. It is extremely rare to have serious complications. We will monitor. You need to communicate any concerning issues with your provider.

Monitoring and Limitations

- **Mandatory Testing:** I agree to regular blood work (Testosterone, Estradiol, PSA, CBA/Hematocrit) and clinical follow-ups.
- **Primary Care:** I understand this clinic provides specialty optimization. I must maintain a Primary Care Physician (PCP) for routine health screenings.
- **No Guarantees:** I acknowledge that hormone optimization is not a "cure-all" and results vary by individual.

Patient Signature _____ Date_____

Medical Provider Signature _____ Date _____

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Hormone Replacement Therapy (HRT) Membership Agreement

This agreement is entered into between Pinnacle Wellness Group LLC, (Practice), and the undersigned patient, (Patient).

Purpose

This agreement outlines the terms and conditions of participation in the Practice's HRT membership program. This is a medical service agreement and is not insurance.

Scope of Services

Membership includes:

- Initial and follow-up medical evaluations
- Ongoing hormone replacement therapy (HRT) management
- Prescription management based on clinical appropriateness
- Testosterone, estrogen, and progesterone therapy (cream and/or injectable), when prescribed and provided through Butterfield's Pharmacy or Gardens Pharmacy. Medicines are available for pickup or will be shipped to you.

Membership does NOT include:

- Medications obtained outside Butterfield's Pharmacy or Gardens Pharmacy
- Laboratory testing
- Imaging or additional procedures

Clinical Autonomy

All treatment decisions are based solely on provider medical judgment, clinical evaluation, and laboratory findings.

Membership does not guarantee prescription or continuation of any medication.

Pharmacy & Laboratory Policy

Patients may choose their pharmacy and laboratory provider; however, medications provided through this program are dispensed solely by pharmacies with which we have established contractual partnerships.

If a patient elects to use another pharmacy, medications will not be included and will be the patient's financial responsibility.

Term & Termination

- Membership begins on enrollment and is month-to-month with automatic renewal.
- Either party may terminate with 30 days written notice.
- The Practice may terminate for non-compliance, missed labs, or inappropriate behavior.

Financial Agreement

- Patients agree to a recurring monthly fee billed automatically.
- A valid card must remain on file.
- Failure to pay may result in suspension or termination.
- All fees are non-refundable.

Laboratory Requirements

Patients agree to complete required labs at least 2 weeks prior to next visit follow-ups. Failure to do so may delay or prevent treatment or refills.

Medication Management

Medication type, dose, and continuation are subject to change based on clinical response and safety.

Prescriptions & Refills

Refills are based on clinical appropriateness, compliance, and active membership.

No Guarantee of Outcomes

No outcomes are guaranteed.

Risks & Responsibility

Patients acknowledge risks of HRT and agree to follow treatment plans and report side effects.

Self-Pay Acknowledgement

The Practice does not accept insurance. Patients may independently use insurance for labs.

Entire Agreement

This document represents the entire agreement.

Signatures

Patient Name_____

Signature_____ Date_____

Provider Signature_____ Date_____