Moss Compounding Pharmacy
Bioidentical Hormone Therapy Collaborative Care Program
Fee Schedule & Office Policies

Hormone Testing

Moss Compounding Pharmacy recommends either serum or saliva testing of sex hormones at the initiation of therapy. For follow up testing, saliva testing may have advantages over serum testing depending on the dosage form used to deliver hormone therapy. In these cases, this option will be recommended for the most accurate evaluation of lab levels.

ZRT Saliva Test Kits are available for pick up at Moss Compounding Pharmacy. There is no charge to receive a kit. Payment for the selected lab will be made directly to ZRT Laboratory at the time of test ordering. We typically recommend the Female Saliva Profile I test, which tests the following: Estradiol (E2), Progesterone, Testosterone, DHEA-S, and Cortisol (AM). This profile test currently costs $130.

Office Fee Schedule

New Patient Visits

Initial BHRT Consultation (~1 hour) $150

BHRT Follow-up Visits

15 Minute Visit (1-15 minutes) $30
30 Minute Visit (16-30 minutes) $60
45 Minute Visit (31-45 minutes) $90
*If the visit extends past your appointment time you will be billed accordingly.

Appointment Cancellation Fee (when less than 24 hour notice is provided) = $25 for follow-up visits; $50 for new patient visits.

Phone Consultations:
Initial BHRT Consultations as well as follow up appointments may be scheduled as a "telehealth or phone consult" to accommodate those who may be out of town or unable to travel to our office. The pharmacy will bill the patient for these consults. Please be sure to allow our staff to answer your questions first before requesting to speak with the clinical pharmacist to avoid needless fees. If our staff is unable to help with your questions, an office visit or phone consult may be scheduled.

We require a credit card to be kept on file for patients requesting mailed prescription orders and for appointment cancellation fees. All fees are due at the time of service.

By signing below, you acknowledge that you have read this document and agree to abide by our office policies.

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Patient Name (print) Patient Signature Date