

## **Sculptra® & Radiesse® Patient Assistance Programs**

Gerald Pierone Jr., M.D.

981 37<sup>th</sup> Place

Vero Beach Fl. 32960

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772-770-9962 fax

[gpierone@wholefamilyhealthcenter.com](mailto:gpierone@wholefamilyhealthcenter.com)

[dbemenderfer@wholefamilyhealthcenter.org](mailto:dbemenderfer@wholefamilyhealthcenter.org)

<http://www.lipoatrophyhiv.com/>

<http://www.artctc.org>

### **Patient Assistance Programs for Radiesse and Sculptra**

#### **Qualifications & Requirements**

1. Completed application with signature and date. **Radiesse (Merz) 2 pages & Sculptra (Valeant) 1 page.**
2. Submit **written** documented diagnosis of HIV signed by your treating physician.
3. Provide **proof of income**. One of the following: Last several months pay stubs, monthly government statement or prior year IRS tax statement (first page only).
4. For Medicare patients only: A documented, written diagnosis by your physician stating “**depression secondary to lipoatrophy**” will offset the cost of physician injection fee.
5. All information is submitted to vendors for approval from our office.

**Please do not forward forms to the vendors. They will be declined.**

There is a \$100-\$300 injection fee per visit based on income. This will be charged to the client unless he/she qualifies for partial payment under Medicare guidelines. Please note that Medicare does not always approve payment so you may still have to pay the total amount.

If you qualify for Radiesse it will be provided at a deeply discounted price based on annual income using the vendor's preset sliding scale. The client is responsible for the cost of Radiesse at the time of his/her visit.

If you qualify for Sculptra the product is provided free. Usually 2-4 vials are used at one appointment. Appointments are routinely less than 90 minutes. Please note that the manufacturers' discounted items/offers may be changed without notice at the discretion of the vendors at any time.

**Please send us your facial pictures.** Front and side views can be emailed to help the doctor plan your course of treatment. Email photos to [dbemenderfer@wholefamilyhealthcenter.org](mailto:dbemenderfer@wholefamilyhealthcenter.org).

**Mail all required information to:**

**WFHC, 981 37<sup>th</sup> Place, Vero Beach, FL 32960**

**Attention: Debbie**

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### **Eligibility:**

- Patient must be a legal resident of the U.S.
- Patient can not have, or qualify for any government or private insurance prescription coverage for Sculptra® or Radiesse®.
- Patients must have HIV infection.
- Patient information must be filled out completely with a signature.

### **Instructions:**

- Patient must be sure to fill out the application form and **sign** where indicated. Any missed information or failure to sign will cause the application to be rejected.
- Attach a copy of your most recent W2 form, disability form or Medicare form.
- Medicare patients who have a diagnosis of depression need to provide a note from their primary care physician with this diagnosis.
- Please allow 3-4 weeks for processing and delivery to the practitioner's office.
- Patient's income eligibility for full or partial assistance extends up to \$80,000 annual household income as reported on the tax return.
- The amount of patient contribution, if any, will depend on annual income and household size.
- If you have any questions about the application while completing it you may call Debbie at 772-978-9556, Mon. through Fri. 9:30 AM to 5 PM.

### **Treatment Charge:**

- Dr. Pierone's injection fee for each treatment is based on a sliding scale as follows:

#### **Gross Income per Year:**

Less than \$20,000 per year	\$100.00 per treatment
\$20,000-\$40,000 per year	\$150.00 per treatment
Greater than \$40,000 per year	\$300.00 per treatment

**Please mail the original completed application form and other required information under "Instructions" to our Vero Beach address "Attention Debbie". Your request will take up to 4 weeks for approval. Once your product is shipped to our office you will be called and scheduled for your appointment.**