

Patient Name: _____

DOB: _____

ALLERGY TESTING

Due to the many changes in healthcare, there are many insurances that will NOT pay for an office visit (initial or follow up) and testing on the same day / during the same visit.

Any allergy testing we perform is a separate billable procedure code from the office visit (initial or follow up).

- Examples of testing include skin prick testing, intradermal testing, patch testing, penicillin/drug skin testing, venom skin testing, food challenges, drug challenges and respiratory testing such as spirometry and Niox testing. (This is not a full list of services provided in our office.)

Due to the change in insurance benefits, initial visits are scheduled as consultations ONLY. There will be no testing performed at the initial appointment. The initial appointment will review and discuss different types of testing and a plan of care will be put in place for you to come back for the testing appointment.

Please initial each line below, acknowledging and understanding that IF testing was deemed clinically necessary at the initial appointment or follow-up appointment, you may be held responsible:

____ I am aware that my insurance MAY NOT cover/pay for BOTH the office visit and testing.

____ I am aware that, if my insurance does NOT cover BOTH the office visit and testing, I am responsible for the remaining balance.

Please Note: If the test is performed, we will bill your insurance provider the appropriate charge.

If the charge is not covered, and/or applied to patient responsibility (copay/coinsurance/ and/or deductible), you will be billed, and responsible for that balance.

If you do not agree to accept responsibility for the cost of this/these tests please notify the staff prior to performing the test. Thank you!

Responsible Party Name: _____ Date: _____

Responsible Party Signature: _____

Responsible party agrees to accept financial responsibility for non-covered, and/or patient responsibility related to these services.