

Insurance and Financial Responsibility for Immunotherapy

As a patient of the Allergy & Asthma Diagnostic Office receiving immunotherapy, I understand, acknowledge, and agree to the following:

- It is my responsibility to contact my insurance company to verify my benefits and coverage for allergy serum and treatment.
- I understand that I may use the following CPT codes when speaking with my insurance carrier to verify coverage:

Environmental Allergy Codes:

95115, 95117

Serum Code: 95165

Venom Allergy Codes:

95130, 95131, 95132, 95133, 95134, 95135

Serum Codes: 95144, 95145, 95146, 95147, 95148, 95149

- If my insurance coverage changes, I am responsible for obtaining updated benefit information prior to continuing treatment and for notifying the Allergy & Asthma Diagnostic Office of any changes.
- If my insurance company reduces or denies coverage, I understand that I am financially responsible for any remaining balance. If my insurance plan limits the number of covered serum doses, I acknowledge and agree that I am responsible for any doses not covered by my plan.

This agreement is entered into voluntarily and mutually between the Allergy & Asthma Diagnostic Office and myself. By signing, I acknowledge that I have read, fully understand, and agree with the above information.

Signature of Patient or Legal Guardian

Date

Printed name of Patient or Legal Guardian

Witness