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ALLERGY & ASTHMA
Diagnostic Office

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Peak Flow Testing – Patient Fee Acknowledgment

I understand that Peak Flow Meter testing may not be covered by my insurance plan and may be my financial responsibility at a cost of \$12.

I understand that this service will be submitted to my commercial insurance; however, coverage is dependent on my specific plan and may be processed as a non-covered service, resulting in patient responsibility.

Fidelis patients: I understand that Peak Flow testing is considered a non-covered service and will be billed at \$12, payable at the time of service.

I acknowledge that by signing, I have reviewed, fully understand, and agree to the Financial Policy of the Allergy & Asthma Diagnostic Office. I understand that I may request an estimate of charges for today's visit.

I understand that failure to pay for services may result in my account being referred to collections and may lead to dismissal from the practice.

Patient Name

Account #

Signature of Patient or Legal Guardian

Date

Printed Name of Patient or Legal Guardian

Witness

CPT: S8110

Out of Pocket: \$12