Allergy & Asthma
DIAGNOSTIC OFFICE

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WAIVER FOR NON-COVERED SERVICE -PEAK FLOW

I understand that Peak Flow Meter testing may not be covered under my insurance plan, and this may be billed at my own expense at a cost of $12. I understand the Peak Flow Meter testing will be submitted to my Commercial Insurance Company however may result in a "non-covered" service dependent on my insurance plan coverage.

Fidelis patients – this is considered a non-covered service and will be billed at $12 to be paid at the time of service.

I have reviewed, fully understand, and agree with the Financial Office Policy of the Allergy & Asthma Diagnostic Office. I acknowledge that the Allergy & Asthma Diagnostic Office will provide an estimate of charges for today's visit if requested.

I understand that failure to pay for services in full could result in my account being turned over to collection for payment and dismissal from the practice.

Signature of Patient (If patient is a minor, Parent/Guardian must sign)	Date
Patient Name	Patient Account #
Witness	Date

CPT: S8110
Out of Pocket: $12