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Diagnostic Office

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Serum Mailing Waiver

Patient name _____ Date _____

To help us continue offering the convenience of mailing your serum, a \$15.00 fee is applied to cover supplies, postage, and handling. This fee will be added to your account and included on your billing statement. If the fee is not paid, we may ask that future serum refills be picked up in the office. We appreciate your understanding and are always happy to answer any questions.

I, _____ (patient/legal guardian), understand that once the serum leaves the Allergy & Asthma Diagnostic Office, I am responsible for the full cost of both the original and any replacement serum if any issue occurs during mailing (such as loss, delay, or breakage).

Please check and initial the appropriate box below and return this waiver to the Allergy & Asthma Diagnostic Office within 5 business days.

- ☐ I have chosen to send serum via USPS and that the cost of postage will be added to my account _____
- ☐ I have chosen to pick up my serum at the Allergy & Asthma Diagnostic Office _____

Mail to: _____

Signature of patient/legal guardian

Date

Printed name of patient/legal guardian