

ALLERGY HYPOSENSITIZATION THERAPY - OVERVIEW

Allergy serum is custom-made according to your test results and will be billed to your insurance. Since all insurance companies process serum charges differently, you may see multiple charges on different dates. Future refills of your serum will also be ordered, with your approval. IN ADDITION, THE ALLERGY INJECTIONS ADMINISTERED TO YOU BY OUR NURSES ARE BILLED SEPARATELY AT THE TIME YOU RECEIVE THEM. Follow-up office visits with the physician will be scheduled approximately once a year to monitor your progress and to obtain an order for refill of your serum.

AUTHORIZATION TO ORDER ALLERGY SERUM

Patient Name: _____ Date: _____ NEW / REFILL

I, _____ have asked Affiliated Ear, Nose & Throat Physicians to order allergy hyposensitization serum for above patient. I understand that this serum is custom made especially for said patient and cannot be returned, therefore payment for this serum is my responsibility.

I further authorize Affiliated Ear, Nose & Throat Physicians to contact me by mail or telephone/fax (including leaving a message) to inform me that my serum has been completed. I understand that it is my responsibility to inform Affiliated Ear, Nose & Throat Physicians if I desire any restrictions regarding the manner in which I am contacted.

Witness

Signature of Responsible Party