

Advanced Allergy and Asthma

Kumar Patel, M.D.

AUTHORIZATION TO BILL INSURANCE AND PATIENT RESPONSIBILITIES

You have been referred to this office due to a specific allergy problem (asthma, sinusitis, hay fever, hives, stinging insect allergy, eczema, food or drug allergies, etc.). Advanced Allergy and Asthma is a specialty practice, and we work in conjunction with your primary care or referring physician, to provide you with your necessary medical management.

An allergic investigation includes a detailed history, physical examination, skin tests, pulmonary testing, and a thorough discussion, with all results at the conclusion of the investigation. Any laboratory procedures, if deemed necessary, will be performed outside the office.

It is the responsibility of the patient to make arrangements for all authorizations (if required) once an appointment has been scheduled with Advanced Allergy and Asthma.

We will submit visit charges to your insurance company. **Any DEDUCTIBLE, CO-PAYMENT or NON COVERED service will be the responsibility of the patient.**

If after reviewing this information, there are additional questions, please do not hesitate to contact our office.

Patient Name _____

Patient/Guardian Signature _____

Date _____