

**IMMUNOTHERAPY FINANCIAL POLICY:**

As a patient at the Allergy & Asthma Diagnostic Office receiving immunotherapy, I understand, acknowledge and agree to the following:

- It is my responsibility to contact my insurance company to verify my benefits and coverage for allergy serum and treatment.
  - Please use the following CPT codes to discuss with your insurance carrier to verify what your benefits are.
    - **Environmental Allergy codes:** 95115, 95117 and **SERUM:** 95165
    - **Venom Allergy codes:** 95130, 95131, 95132, 95133, 95134, 95135 and
      - **SERUM:** 95144, 95145, 95146, 95147, 95148, 95149
- If my insurance changes, it is my responsibility to contact and obtain new benefit and coverage information before continuing therapy. It is my responsibility to inform the AADO of such changes in coverage.
- In the event that my insurance company reduces my allowed benefits, I understand that I will be responsible for the remaining balance. If my insurance plan only allows for a specific number of doses of serum, I understand, acknowledge and agree that I am ultimately responsible for those doses not paid by my insurance plan.

This is a mutual and voluntary decision between the Allergy & Asthma Diagnostic Office and me.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Parent/Guardian  
(If patient is a minor, Parent or Guardian must sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date