**ALLERGY & ASTHMA ASSOCIATES P.C.**
Sharon Seth, MD  Courtney J Blair, MD  Bridget Schaefer, PA

# ALLERGY SERUM CONSENT FORM (R/D)

**Patient Name**:_____ **Date of Birth**: _____

I authorize Allergy and Asthma Associates to prepare: (Choose one)

☐ **DILUTION** of my extracts (verify with your insurance that this will be covered!)
- Reason dilution(s) needed: _____

☐ **FRESH** extracts (ex: serum is expiring WITH IN A month or approx. 2 doses left in vials)
- Reason FRESH serum needed: _____

Primary Insurance:_____ MBR ID:_____ GRP #:_____

Secondary Insurance:_____ MBR ID:_____ GRP #:_____

I receive my shots at the: (Choose one)
☐ Mclean Office or ☐ Sterling Office or ☐ *Outside Facility:_____

*I get my shots elsewhere and once the serum is ready: (Choose one)
*☐ I will PICK-UP my serum in: ☐ Mclean / ☐ Sterling ($15 charge for take-out packet/packaging)
*☐ I wish to have my serum MAILED ($20 charge for packaging + FedEx overnight fees charged to the **card on file**)

When the request is complete, I'd like to be notified: (Choose one)

☐ Email:_____ ☐ Portal message
☐ Text message:_____ ☐ Phone call:_____

***I understand that Allergy and Asthma Assoc. requires an annual office visit for all patients on allergy shots. If I have not had this visit, it will delay the processing of my request for serum.*** I have been provided the opportunity to contact my plan to review coverage, dose limitations and all out-of-pocket costs. I will be billed for any remainder not paid by my insurance company (including my copay/cost share), less any contractual adjustments required.

I have read the above, agree to have new serum made, and will make payment as described. I understand that allergy serum may take 2 - 3 weeks to prepare and if the insurance information provided above is not correct or changes before my serum is prepared, I will be responsible for payment in full for my allergy serum.

_____ _____
**Signature of Patient or Guardian** **Date**

FOR OFFICE USE ONLY: Date Last Seen _____/_____/_____ Next F/U Appt Date _____/_____/_____
Next Tickler Date _____/_____/_____ Reviewed by _____

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