Allergy and Asthma Clinic, PC Insurance Benefits Explanation

Please note that any procedure you will have done, including skin testing, spirometry, and allergy serum will be applied to your deductible if you have not met it yet. Unless you have met your deductible/OOP, you will be responsible for paying for all services rendered during your visit. This total will be put towards your deductible/OOP, which will help you get closer to meeting the final amount for each. If you have already met your deductible/OOP, it will cover a percentage, up to the complete total of your final cost. Please call your insurance company to confirm we are an in-network provider; otherwise, you will be billed out-of-network cost.

Below are the charges and diagnosis codes which will be billed to your insurance company and for cash paying patients for common procedures which are performed in our clinic. The skin test cost varies on the amount of pricks and intradermals performed. For the prick test the code is 95004 and we charge \$7.00 per prick. For intradermals the code is 95024 and we charge \$8.50 each. Total cost varies based on the number of pricks and intradermals performed. A typical range is \$400-\$800. True test patch test has 36 patches which costs \$360. Venom test (code 95017) is \$15 per intradermal test. Please discuss your specific needs and concerns with the doctor, and which allergens you want tested and are concerned about. Serum costs vary also depending on the number of vials needed to be prepared based on the skin tests. This is based on number of doses in each vial. Allergy serum code is 95165. It is charged \$13 per unit. You may need 1 to 3 vials depending on your allergies and skin test. For build-up: silver and green vials are 5 units per vial; blue vials are 8 units; gold and red vials are 10 units. Maintenance vials are 10 units, and the charge is \$130 per vial. Allergy shot injection cost for single injection is code 95115 (\$17) and for multiple injections code 95117 (\$26). Venom shots are billed differently, please ask about cost prior to starting. The cost of spirometry (code 94010) is \$45.00. Please ask the front desk about specific details and costs of the of the procedure performed, and they will be happy to answer those questions prior to the test being performed.

If you have any particular question on cost, please ask about this prior to the procedure. Insurance policies differ and deductibles differ. For specific details about your individual policy coverage, you can call your insurance company and ask about details of reimbursement for the above procedure codes and your deductible. On the day of your visit, an office visit will be billed since you will be seeing the doctor. If you do not have a copay and have not met your deductible/OOP, you will be responsible for the new patient or follow-up patient visit fee completely. If you do have a co-pay it will cover your visit fee. If you have met your deductible/OOP, it will cover a percentage of your visit fee based on your specific insurance plan. Please sign below that you understand our pricing and costs, and that all your questions have been answered to your satisfaction. I have read, understand, and agree to the above benefits explanation and my individual financial responsibility. I also understand that this estimate is provided as a courtesy to me and does not guarantee coverage by my insurance. In the event my insurance does not cover the charges, I will be responsible for any outstanding balance.

Print (Patient/Parent if under 18)	Sign	Date