

BRANFORD PEDIATRICS & ALLERGY, P.C.

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Immunotherapy Financial Consent Form

Patient Name _____

DOB _____

Contact Phone Number _____

Insurance plans are highly variable regarding coverage of immunotherapy treatment. There are 2 costs to consider when beginning allergy shots. The first cost is for the extract, which is prepared from a prescription written and made up by your allergy provider at Branford Pediatrics and Allergy (Dr. Wanerka or Joan Alfiero, PAC). The extract is made in a set of 4 different levels which are made at the same time with the strongest dose made first and the next 3 made in weaker dilutions down to the starting dose. Your insurance will be billed up front for all 4 levels (bottles) and will not be billed again until the maintenance dose is reached and your child has been on monthly shots for 5-6 months. The first set of vials should last approximately 10 months or longer. The second cost is for the administration of the injections at each time they are given.

We recommend you contact your insurance carrier to verify the specifics of your coverage and understand what cost, if any, you will be responsible for. Some insurance plans cover immunotherapy in full, while other plans have associated deductibles, co-insurances and co-pays. The CPT codes used are 95165 for the extract and 95115 or 95117 for the injection.

I acknowledge, with my signature, that I am authorizing the Allergy Office of Branford Pediatrics and Allergy (BPA) #203-481-0566 to bill my insurance company for the allergy extracts made for me/my child. I understand that if I decide not to initiate allergen immunotherapy after the extracts have been made, I am still responsible for the cost of the extract. I acknowledge that any costs incurred for this method of treatment that is not covered by my insurance carrier, such as deductibles, co-insurances, or co-pays will be my responsibility. I also acknowledge that my allergy extracts will not be prepared until this signed consent is returned to BPA.

I authorize the preparation and billing of the allergen extract.

Responsible Party Name (Signature)

Print Name

Date