

Immunotherapy Financial Consent For Refills of Antigen

PATIENT LABEL

This is to notify you that your antigen is expiring or vial is empty. To refill your antigen, the set(s) will be sent to our Antigen Lab at our Denver location. This refill will take approximately 14-21 days. When the refill has been completed, it will be returned to the clinic where you receive allergy shots. The staff will then notify you that you may resume your injections.

The charges for the refill will be billed to your insurance. Please be aware that your insurance may have changed from last year and you may want to contact them for clarification of your current coverage. You are responsible for any remaining balance. Please make sure that we have your current insurance information.

- *I acknowledge, with my signature, that I am authorizing Colorado Allergy and Asthma (CAAC) to bill my insurance company for the allergy extracts made for me.*
 - *I understand that, if I decide not to continue allergen immunotherapy after the extracts have been made, I am still responsible for 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 acknowledge that my allergy extracts will not be prepared until this signed consent is returned to my Colorado Allergy and Asthma physician.*
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- I authorize the refill and billing of the antigen.**
 - I have submitted my most current insurance information to CAAC.**
 - I authorize the storage of my payment information on file and charge it for the final amount, deemed to be my financial responsibility, for the healthcare services provided today and for any ongoing immunotherapy (allergy shots and/or serum) charges.**

Patient or Responsible Party (PRINT)

Patient or Responsible Party Signature

Date

Special Instructions:

___ Refill Now

___ Refill When Sets Expire

Other: _____