

Immunotherapy Financial Consent Form

Insurance plans are highly variable regarding coverage of immunotherapy treatment. There are two costs to consider. The first cost is for the “antigen” or “extract” (95165). The antigen is prepared in our laboratory from a recipe your physician has written. Your antigen is specific only to you and contains what you are allergic to. The second cost is for the administration of the injections (95115 or 95117).

We assist you with Insurance Verification by providing you with an ***estimate*** of benefits and the “out of pocket” cost. We recommend that you contact your insurance carrier to find out your specific coverage. It is important to understand your insurance coverage and know your responsibility of the cost. Some insurance plans cover immunotherapy in full, while other plans have associated deductibles, co-insurances and co-pays.

I acknowledge, with my signature, that I am authorizing Colorado Allergy and Asthma to bill my insurance company for the allergy extracts made for me. I understand that, if I decide not to initiate 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.

I authorize the preparation and billing of the antigen

I have submitted my most current insurance information to CAAC

Patient Name (Print)

Date of Birth

Patient or Responsible Party Signature

Date