Patient Acknowledgement of Insurance Plan Deductible

All other patient forms have been completed, but due to my deductible and/or coinsurance, I am being asked to formally recognize my plan's benefits, along with Allergy MD's payment policy, by signing below.

I acknowledge that my insurance plan has a deductible and/or coinsurance.

I recognize that the deductible and/or coinsurance applies to my Office Visit, Allergy Testing, Allergy Treatment, and/or other services rendered.

I am aware that if my plan's out-of-pocket has not been met, the estimated allowed amount will be collected on the day of the appointment. I understand that I am fully responsible for payment of the estimated allowed amount on the day of my visit. In the event of underpayment, the remaining balance is billed to me once the claim processes. In case of overpayment, Allergy MD will issue a reimbursement via account credit or by check.

Allergy MD has discussed my plan benefits with me during my visit, and I accept responsibility for any amount owed per my plan. I acknowledge that Allergy MD is ultimately not responsible for my benefits as the insurance company does not guarantee the information provided to providers. I have either contacted my insurance company for benefits, or opted out of doing so and acknowledged that my insurance company has the final say in coverage once the claim processes via the **Benefits Disclaimer** form.

_____**I authorize Allergy MD to charge my card on file for any remaining amount once my claim processes and the office has made multiple attempts to contact me.**

_____**I am aware that the balance will be charged in full.**

Patient Name: ______________________ Date of Birth: ______________

Patient Signature: ______________________ Date: ______________

By signing this form, I am acknowledging that I am responsible for any copay, deductible, or coinsurance on my insurance plan for any services rendered including, but not limited to, my office visit and allergy testing.

Estimated ranges for commonly billed CPT codes are as follows *other codes not listed may also be billed towards my deductible*:

Skin test - 95004: $400.00-$800.00	***Individual skin pricks can cost around $12.00 per prick***
Intradermal - 95024: $75.00-$400.00	**Office visit - new patient: ~$400.00 or less**
Patch - 95044: $400.00-$1000.00	**Office visit - follow up: ~$300.00 or less**