

MEDICAL ARTS ALLERGY, P.C.

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Serum Preparation Consent

I have read and understand the patient information packet provided to me on immunotherapy. The opportunity has been provided to me to ask questions and they have been answered to my satisfaction.

I acknowledge the fact, with my signature that I am authorizing Medical Arts Allergy to prepare and bill for the allergy serum, even if, for any reason, I decide not to initiate the allergen immunotherapy program after the vaccine is made.

I have checked with my insurance carrier and understand that even though this may be a covered service, the fee to prepare the serum and the fee to administer the serum are subject to my deductible and my co-insurance. I understand out-of-pocket expenses may be incurred if I have not yet met my deductible or my co-insurance.

Patient: _____

Date of birth: _____

Signature: _____

Date: _____

New Start

Serum preparation consent 8/7/15 ph