

220 WILSON STREET SUITE 200  
CARLEISLE, PA 17013  
717 263-2540 Fax 717 263-2880

2202 TECHNOLOGY PARK - SUITE 210  
MIDDLETOWN, PA 17057  
717 791-2540 Fax 717 791-2880

4200 LINCOLN DRIVE PO BOX 201  
HARRISBURG, PA 17109  
717 653-4340 Fax 717 653-4321

**WELCOME TO OUR PRACTICE**  
**Medical Arts Allergy, P.C.**  
[www.medicalartsalergy.com](http://www.medicalartsalergy.com)  
**FOR ALL NEW PATIENTS**

Prior to coming to our office, we would like you to take the time to read the following information. We have three offices. All offices, Carlisle, Middletown and Harrisburg, are open Monday through Thursday, 9 am to 4 pm, and Friday, 8:00 am to 4:30 pm.

The initial consult, physical and skin testing can take up to 1 1/2 hours. The consult and physical will be done before any allergy testing is done. **PLEASE BRING WITH YOU TO THIS VISIT ALL MEDICATIONS YOU ARE CURRENTLY TAKING.** This will assure that all information concerning your medications are up to date to our records. **PLEASE BRING WITH YOU OR HAVE SENT VIA AIR MAIL any recent medical records for the doctor to review.** Chest x-rays, sinus x-rays, CT scans or breathing tests will be helpful. **DO NOT BRING ACTUAL X-RAY FILMS, REPORTS ONLY.** Skin testing

(by prick method) may be done at the first visit. You may have from (2) two tests up to eighty (80) tests done at this time. Most patients will have a return visit and a second set of tests. The second set of tests is usually done by the intradermal method.

**DO NOT TAKE ANY ANTIHISTAMINES OR DECONGESTANTS FOR ONE WEEK PRIOR TO YOUR APPOINTMENT.** These medications will affect the testing. A listing of these medications is on the reverse side. If you are experiencing **HIVES** you may continue on your antihistamine until seen.

### **INFORMATION ON BILLING AND PAYMENT**

This information sheet is designed to help you understand the financial part of our practice.

#### **COPAYS ARE DUE AT THE TIME OF YOUR VISIT.**

If you do not pay your copay on the day of your visit, you may be charged a processing fee.

**If services are not covered by your insurance** – The initial consult fee is between \$275.00 and \$300.00 payable at the first visit. Testing, usually done at the first visit, ranges from 2 (two) tests up to 80 (eighty) tests done by the skin prick method with a charge of \$300.00 per test.

Following the initial visit, a follow up visit is usually scheduled for further testing and consultation with the doctor. This visit cost is between \$150.00 and \$175.00 with the number of tests ranging from

2 (two) test up to 20 (twenty) tests done by the intradermal method with a charge of \$1,100 per test.

Our goal is to work with the patient in order to make a reasonable plan for payment of all balances. Our office policy is to have all balances paid within **FOUR MONTHS** of the first visit. Payment of 20% of any balance on a monthly basis is required. If this is a problem, we can set up an alternative payment plan.

**Not every insurance company covers certain skin testing or the consult/visit.** We advise you to call your insurance company **ahead of time** to find out if you have coverage for allergy treatment, office visits, skin testing, and allergy injections. Procedure codes for skin testing are 93004, 93024, 93017 and 93018. If you have an HMO insurance, you must contact your **PRIMARY CARE PHYSICIAN FOR A REFERRAL.**

If you do not have a referral you will be responsible for all charges for that date of service. Your insurance company will also be able to tell you if this is a participating office.

**ALL PATIENTS UNDER THE AGE OF 18 MUST BE ACCOMPANIED BY AN ADULT OR GUARDIAN**