



Josh L. Armstrong, MD  
Doreen S. Hogen, MD  
Erin M. Tisdale, MD  
Lauren W. Kaminsky, MD, PhD  
Jeff L. Johnson, DNP

## MEDICAL ARTS ALLERGY, PC

Your family's specialists in Asthma, Allergy and Immunology

[www.medicalartsofmd.com](http://www.medicalartsofmd.com)

### THIS FORM MUST BE RETURNED TO OUR OFFICE TO INITIATE ALLERGY IMMUNOTHERAPY

Date: \_\_\_\_\_

Patient: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### Screen Preparation Consent

I have read and understood 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 screen, 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 understood that even though this may be a covered service, the fee to prepare the screen and the fee to administer the screen 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.

Please circle the location where you will be getting your injections: **Coffeys** **Mechanicsburg** **Harrisburg**

If the doctor discussed Risk Therapy with you, do you wish to proceed with Risk Therapy?

Yes  No  (Risk is not covered by Medicare and Medicare Advantage plans)

Signature: \_\_\_\_\_

Office Use Only:

New Start: Yes  No

Ordering Doctor: \_\_\_\_\_

- Insurance Verified  
 FERTF and Payment Forms Completed  
 Tricare Prime-Request additional units = 10 vials (CPT Code 95163)  
 Chart Note Done

Revised to Provider and Low (New Starts Only)

[www.medicalartsofmd.com](http://www.medicalartsofmd.com) 717-233-1100