

Allergy Asthma & Immunology Institute Allergy Immunotherapy (Allergy Shots) Financial Agreement Dr. Laura Ispas, MD

Overview of Immunotherapy

Allergy immunotherapy involves administration of allergen extract injections to reduce allergic sensitivity. Treatment requires preparation of allergen extract serum and repeated injections according to a supervised medical treatment schedule.

Serum Preparation and CPT 95165

Preparation of allergen extract serum may be billed using CPT code 95165 or other applicable codes depending on treatment specifics. Insurance coverage for serum preparation varies widely among plans.

Insurance Disclaimer

The practice submits claims to insurance as a courtesy; however, insurance payment is not guaranteed. Patients remain responsible for deductibles, copayments, coinsurance, and non-covered services.

Financial Responsibility for Serum Preparation

Once allergy serum preparation has been initiated or ordered, the patient agrees to remain financially responsible for charges associated with serum preparation and administration of allergy injections.

Insurance Reduction or Denial Clause

If an insurance carrier denies, reduces, or delays payment for allergy serum preparation (including CPT 95165) or related immunotherapy services, the patient agrees to remain responsible for the balance associated with those services.

Discontinuation of Therapy

If immunotherapy treatment is discontinued after serum preparation has begun, the patient remains responsible for charges associated with the prepared serum and related services.

Missed Injections and Treatment Delays

Significant delays in treatment may require dose adjustments or preparation of new serum vials, which may result in additional charges.

Expiration and Replacement of Serum

Allergy serum has a limited shelf life. If serum expires due to treatment delays or missed visits, replacement serum may need to be prepared and billed accordingly.

Acknowledgment

I acknowledge that I have read and understand the financial policies related to allergy immunotherapy treatment and agree to be financially responsible for charges associated with serum preparation and allergy injections.

Patient Name: _____

Date of Birth: _____

Signature: _____

Date: _____