

Adult & Pediatric Otolaryngology
Head & Neck Surgery
Facial Plastic Surgery
Endoscopic Sinus Surgery
Neurotology
Skull Base Surgery
Reconstructive Surgery
LASER Surgery
Nasal Allergy
Clinical Audiology
Hearing Aid Dispensing
Voice Care
Dizziness & Fall Prevention



The Ear, Nose, Throat & Plastic Surgery Associates

www.entorlando.com

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I understand that I will be responsible for all co-payments, deductibles, non-covered services and any portion of the charges that my insurance company designates as my responsibility.

TODAY'S VISIT: **ALLERGY TESTING**

Allergy testing fees include testing procedures and a consultation. As a courtesy to our patients, all claims for allergy testing WILL BE billed to your insurance company. If your insurance company denies the claim for any reason or sends the payment directly to you, you will be responsible for the entire payment. If you do not have insurance, you will be required to pay for the testing before it is done.

IN THE FUTURE, IF I NEED INJECTIONS: **ALLERGY SERUM, INJECTIONS, DIETS, ETC...**

Once your physician has reviewed the results of your allergy testing and recommends immunotherapy, please call the allergy department to schedule an appointment for vial testing. Once this appointment has been scheduled, a vial is mixed **specifically** for you. This vial **cannot** be used for any other patient, therefore, if you cancel this appointment or decide not to start immunotherapy, you will still be responsible for the vial charge.

Your first vial contains 6 injections, also known as doses, for 6 weeks of therapy. Once you have been increased to your maximum or maintenance level, your vial will be mixed to contain 10 injections or doses to last 10 weeks. The fees for allergy injections are \$20 for one injection, \$30 for 2 or more injections.

After 3 months of therapy, you will be required to follow up with your physician for an evaluation. There will be an office charge for this appointment. It is also required that you see your physician each year and there will be an office visit charge each time.

IF I HAVE FOOD ALLERGIES:

Diet counseling includes a session with the allergy nurse at which time appropriate measures for elimination and rotation of the particular foods are discussed. A computerized diet is done to help with the specific rotation and elimination of these foods and the fee for this is \$20.

PLEASE BE AWARE: MANY INSURANCE COMPANIES DO NOT PAY FOR DIET COUNSELING AND YOU WILL BE RESPONSIBLE FOR PAYMENT.

10//22/2020

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TEL: 407-422-4921
FAX: 407-839-1746 | <input type="checkbox"/> 400 Celebration Place, Suite A120
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FAX: 407-839-1746 | <input type="checkbox"/> 2000 Fowler Grove Blvd. Floor 3
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