



CAPITAL ALLERGY & RESPIRATORY DISEASE CENTER
A MEDICAL CORPORATION

BRADLEY E. CHIPPS, M.D.,
F.A.A.P., F.A.C.A.A.I., F.A.A.A.A.I., F.C.C.P.
Pulmonary & Allergic Diseases
Board Certification:
Pediatrics
Pediatric Pulmonology
Allergy and Clinical Immunology

MEGHAN F. GARCIA, M.D.
Board Certification:
Pediatrics
Allergy and Clinical Immunology

JEFFREY BALDUZZI, M.D.
Board Certification:
Internal Medicine

MICHAEL BALDUZZI, M.D.
Board Certification:
Allergy and Clinical Immunology

GREGORY BENSCH, M.D.
Board Certification:
Allergy and Clinical Immunology

TERESA NEENO, M.D.
Board Certification:
Allergy and Clinical Immunology

Christine Anderson, F.N.P-C
Family Nurse Practitioner

Natisha Ram, P.A-C
Physician Assistant

Allergy Immunotherapy Serum Cost

Please read the following information regarding your antigen charges. As of March 1, 2022, this is the way all allergy serum is billed. Almost all insurance plans require that the patient pay a portion of his or her medical services, including the provision of antigen.

Your antigen set is prepared for you individually as prescribed by your doctor, and each set is made to provide you with allergy shots for approximately one year. Our office will submit these claims for you automatically and you will be billed twice a year for any additional co-payments or deductibles as determined by your insurance plan until you complete allergy immunotherapy. **Since your antigen is prepared for you on an annual basis, you are responsible for all charges, even if you discontinue immunotherapy. Your serum will be made over several days depending on how many vials your treatment requires.**

We will be billing your antigen based on the number of vials required to treat your specific allergies either:

1 vial =50 units, 2 vials =100 units, 3 vials =150 units, 4 or more vials =200 units

You will be responsible only for the allowable amount of your personal carrier, and for all copays, coinsurance and deductibles. Most insurances allow \$15.14 per unit.

You can call your insurance provider and give them CPT code 95165 and they can tell you how much your portion will be.

- I understand that my insurance will be **billed** for the antigen serum and that I will be responsible for copay and any portion indicated as patient responsibility on the explanation of benefits. Your insurance will be billed up to 6 successive days, which correspond to the days your antigen was made.
- I understand that if I do not begin immunotherapy after antigen is authorized to be made, I am responsible for payment of my antigen that has been made specifically for me.
- I understand if my insurance changes I must notify the billing department of my new insurance and I will be responsible for all charges if I fail to notify them of the change in insurance

If you have any questions, you can reach our billing department at 916-580-2410.

SIGNATURE _____ DATE _____

PATIENTNAME _____ DOB: _____