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## **Allergy Testing Consent Form**

You are responsible for notifying your insurance company before your scheduled test. Failure to do so can result in nonpayment of insurance benefits. Allergy testing and treatment will be billed by the doctor ordering the testing. Patients with insurance coverage through an HMO or POS (Point of Service) are required to contact their primary care physician instead of their insurance carrier to obtain the mandatory referral.

When you contact your insurance company, you must ask the following:

1. Is precertification necessary?

Witness

- 2. Is allergy testing a covered benefit?
- 3. What portion of the total cost of allergy testing will be covered?

All patients will be required to pay the insurance co-pay at the time of testing.

HMO/POS members must call their assigned Primary Care Physician (PCP) or the full service unit. The PCP will determine if the test being performed is a covered expense and if the physician is an in-plan provider. **PLEASE BRING YOUR REFERRAL prior to or at the time of testing.** 

Signature	Date
Patient Name	
CONSE	NT FOR TESTING
become red and swollen when positive. The diameprocedure is minimal, but in rare instances advers	neath the skin of the upper arms similar to mosquito bites, which neter is then measured by the nurse. The risk of this type of se reactions (side effects) can include but are not limited to office is equipped to handle these problems should they arise.
I authorize the staff at Drs. Girgis and Associates, allergies) on myself or my child, and I understand	, S.C. to perform Serial Endpoint Testing (skin testing for d the risks involved.