



Drs. Girgis & Associates, S.C.
908 N. Elm, Suite 306
Hinsdale, IL 60521
Telephone 630-323-5214 Fax 630-323-5297
www.girgisent.com

SCHEDULING ALLERGY TESTING

Your physician has ordered Allergy Testing for you. We look forward to assisting you in the scheduling process. **Please schedule your appointment at our front desk or telephone our office at 630-323-5214** during the following hours:

Monday through Friday 9:00 am to 5:00 pm

Please review the “Patient Preparation for Allergy Testing” packet prior to calling. If you have questions for the Allergy Nurse the scheduler will transfer you to her direct line to speak with her or leave a message on her confidential voicemail.

We will reserve a specific amount of time for the allergy testing that your physician has ordered for you. As a courtesy to our patients, physicians and staff, please call our office at least ***two full business days*** prior to your scheduled testing, should you need to cancel or change you appointment.

A **\$200 cancellation fee** will be assessed for any **Allergy Testing Procedure** that is cancelled within two business days prior to the date of appointment.

Once you have scheduled your appointment, please detach and sign the “Cancellation Policy” on the next page and mail or fax it to our office. The address and fax number can be found at the top of this page.



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Cancellation Policy

Patient Name: _____

We have reserved a specific amount of time for the allergy test that your physician has ordered for you. As a courtesy to our patients, physicians and staff, please call our office at least *two full business days* prior to your scheduled testing, should you need to cancel or change you appointment.

A **\$200 cancellation fee** will be assessed for any **Allergy Testing Procedure** cancelled after two business days prior to the date of appointment.

I have read and understand Drs. Girgis and Associates, S.C. cancellation policy

Patient Signature or Guardian

Date



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Patient Preparation for Allergy Testing

Please call the Allergy Nurse (630) 427-6524

- To review important Test Preparation Instructions.
- To address questions or concerns about your Allergy Testing.

Please Stop Antihistamines (oral, nasal sprays, eye drops) for **7 DAYS** before your scheduled allergy test. Examples of antihistamines: Claritin, Zyrtec, Benadryl, and Allegra.

Please Stop Vitamin C for **3 DAYS** before your allergy test.

Please Stop Sleep Aids (Prescription or over the counter) for **2 NIGHTS** before your allergy test.

Please Stop Medication for Acid Reflux such as Zantac, Pepcid, Tagamet for **2 DAYS** before allergy testing.

Please notify the Allergy Nurse if you are using.....

- medication for high blood pressure, anxiety, depression, or using topical steroids.
- supplements, herbal preparations, or alternative or complementary medications.

Other Reminders before your Allergy Test...

- Please wear a **T-Shirt** or a **Sleeveless Top**, as testing is done on the upper arms.
- The Allergy Testing appointment lasts **60-90 minutes**.
- You will be billed for the portion of your office visit that is not covered by your insurance company.
- A **\$200 cancellation penalty fee** will be assessed for any allergy testing procedure cancelled within two business days of the scheduled appointment.

Drs. Girgis & Associates, S.C.

Hinsdale Elm Plaza ▪ 908 N. Elm, Suite 306 ▪ Hinsdale, IL 60521
La Grange Medical Office Building ▪ 5201 S. Willow Springs Road, Suite 240 ▪ La Grange, IL 60525
Oak Park Office and Sleep Center ▪ 1515 N. Harlem Ave, Suite 300 ▪ Oak Park, IL 60302
www.girgisent.com
Phone 630-323-5214 ▪ Fax 630-323-5297

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

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.**

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

I understand the above policies and accept responsibility for the balance not covered by my insurance.

Signature

Date

Patient Name

CONSENT FOR TESTING

Allergy testing consists of multiple injections beneath the skin of the upper arms similar to mosquito bites, which become red and swollen when positive. The diameter is then measured by the nurse. The risk of this type of procedure is minimal, but in rare instances adverse reactions (side effects) can include but are not limited to swelling, skin rashes or difficulty breathing. Our office is equipped to handle these problems should they arise.

I authorize the staff at Drs. Girgis and Associates, S.C. to perform Serial Endpoint Testing (skin testing for allergies) on myself or my child, and I understand the risks involved.

Patient (Parent or guardian, if minor)

Date

Witness

Allergy Testing Codes

Skin

Diagnosis: **ICD-10**
J30.1 Allergic rhinitis due to pollen
J30.9 Allergic rhinitis, unspecified

Procedure: **CPT-4**
95024 Intradermal Test

Fee: \$15.00 per Allergen
(Estimated \$540 - \$900)

RAST

Diagnosis: **ICD-10**
J30.1 Allergic rhinitis due to pollen
J30.9 Allergic rhinitis, unspecified

Procedure: **CPT-4**
86003 RAST # of Allergens

Fee: Billed by the lab