



PATIENT INFORMATION & UPDATE FORM / FINANCIAL POLICY

Please READ carefully and complete Form - (v) Sign/Initial where indicated

Date of Change: _____ Chart # _____

Steven V. Stryk MD | Emily T Wang MD

PATIENT INFORMATION

Patient Name (Last) _____ First: _____ M: _____
Address: _____ Apt: _____ City: _____ State: _____ Zip: _____
Billing Address (If Different): _____
Home: () _____ Cell: () _____ Work: () _____ Birth Date: _____
SS#: _____ Sex: []M []F Marital Status: []S []M []W []D Specialist Co-Pay Amount \$ _____
Email Address: _____ Employer: _____
Spouse/Partner Name: _____ Phone: _____ Other Emergency Contact: _____ Phone: _____

IF PATIENT IS A MINOR - PARENT/GUARDIAN MUST BE PRESENT FOR MINOR TO RECEIVE TREATMENT

Father's Name: _____ Employer: _____ SS# _____ WorkPhone: _____
Mother's Name: _____ Employer: _____ SS# _____ WorkPhone: _____

(v) Initial: INSURANCE INFORMATION I give permission to bill my insurance company and assign payment to Canton Asthma & Allergy, P.C.
Primary Insurance: _____ Effective Date: _____ Policyholder Name: _____ Birth date: _____
Secondary Insurance: _____ Effective Date: _____ Policyholder Name: _____ Birth date: _____
Tertiary Insurance: _____ Effective Date: _____ Policyholder Name: _____ Birth date: _____

(v) Initial: CONSENT TO SHARE HEALTH INFORMATION
I consent to messages being left on my phone number on file, by Canton Asthma & Allergy medical personnel, including x-ray/lab results.
By law, except for the parent/guardian of a minor and other physicians directly involved in their medical care, we are unable to share patient health information. Please check if you would:
[] LIKE SOMEONE ELSE WITH YOU DURING YOUR APPOINTMENT [] CONSENT TO OUR DISCUSSING YOUR MEDICAL INFORMATION WITH ANOTHER PERSON
Please list the Name and Relationship of person(s) and (v) Initial to give consent. This consent may be revoked at any time by submitting written notification to our Canton office.
I give permission for Canton AA to share my protected health information with: Name _____ Relationship _____
Name _____ Relationship _____ Name _____ Relationship _____

FINANCIAL POLICY

It is YOUR responsibility to check that our services are covered under your insurance plan - Confirm allergy testing (CPT4: 95004 /95024) and office visit (CPT4: 99214 and 99215) is covered by your insurance. Should you anticipate allergy shots confirm coverage (CPT CODES: 95115 / 95117 / 95165). Canton Asthma/Allergy accepts cash, checks, Master Card, Visa, and Discover credit cards. Please carefully read and then sign below, to confirm you understand and agree to these terms as listed.

Canton Asthma/Allergy will bill your insurance company based on the information you have provided. However, your insurance policy is a contract between you, your employer, and your insurance carrier. OUR relationship is with YOU, not your insurance company. All charges are ultimately YOUR responsibility.

Co-pay and any unpaid past due balance is due at time of service. If copay is not paid at time of service, a \$10 billing fee will be added to your charges. Billed balances are due in full within 30 days. No further services will be provided until your account is paid unless other arrangements have been made with Manager.

Canton Asthma/Allergy will bill the insurance company we have on record, as last provided by you. Should we not receive payment as a result of your failure to notify us of any change in insurance coverage, we may ask you to pay your charges in full. Additionally, should you fail to provide information requested by your insurance company (i.e. coordination of benefits information, etc.), we can require you to pay your charges in full when more than 60 days overdue. In both circumstances, a detailed receipt will be provided so that you may submit to your insurance company for direct reimbursement.

Returned checks will be charged a \$30 bank fee. A returned check will result in our refusal to accept personal checks from you in the future.

Established patients who miss their scheduled appointment will be responsible for a "NO SHOW" fee of \$25. We require 24 hour notice of cancellation in advance of your scheduled appointment. After hours calls are accepted; dial 734/394-2661 and choose option 1 to leave a message.

Thirty (30) days following our 2nd mailed statement, unpaid balance due will be submitted to our Collection Company (IC Systems) and is subject to a Collection Fee.* Collection agency fees are based on a percentage at a maximum of 33% of the debt, and all costs, and expenses, including reasonable attorneys' fees, that Canton Asthma/Allergy may incur in such collection efforts, as allowed by Law.

*We understand that temporary financial problems may affect timely payment of your balance. Please communicate any problem to us so we can assist you in the management of your account. Telephone calls should be directed to our Canton office at 734/394-2661. I understand and agree to the Financial Policy terms as listed above. I have received a copy of this Financial Policy for my records.

(v) Patient Signature _____ Print Name _____ Relationship to Patient _____
(Parent/Guardian if Patient is a Minor)

Witness - Canton Asthma & Allergy, PC _____ Today's Date _____ Rev: 29-Sept-16

Before your first appointment, or prior to receiving new services, check with your insurance company to be sure the service/test is covered. REMEMBER, the patient (or parent/guardian if patient is a minor) is ultimately responsible for any medical service fees incurred. Canton Asthma & Allergy PC, is not responsible for any unlisted agreed upon services performed, not covered by patient's insurance carrier.

OFFICE VISIT WITH PHYSICIAN			
		NEW PATIENT	ESTABLISHED PATIENT
LEVEL 2	10 MINS	99202	99212
LEVEL 3	15 MINS	99203	99213
LEVEL 4	25 MINS	99204	99214
LEVEL 5	40 MINS	99205	99215
PROLONGED CARE	+ 61 MINS	99354	99354
#_____	ADDT'L 15MINS	99355	99355
ASTHMA / BREATHING PROBLEM			
INHALER DEMONSTRATION		94664	
OXIMETRY		94760	
SPIROMETRY / PEAK FLOW		94010	
BRONCHOSPASM EVALUATION		94060	
INHALATION BRONCHIAL CHALLENGE		95070	
GAS DILUTION		94727	
DETERMINATION OF DIFFUSION CAPACITY		94729	
ALLERGY TESTING			
PUNCTURE/PRICK		95004	
INTRADERMAL		95024	
ALLERGY SHOT CODE			
ALLERGY INJECTION	1 SHOT	95115	
ALLERGY INJECTION	2 SHOT	95117	
ALLERGEN PREP	(SERUM FOR SHOTS)	95165	
OTHER TESTING			
DRUGS / BIOLOGICS		95018	
RAPID DESENSITIZATION		95180	
PATCH		95044	
VENOM (STINGING INSECTS)		95017	
INGESTION CHALLENGE		95076	
OTHER ALLERGY SHOT			
VENOM (STINGING INSECTS)	1 STING	95154	
	2 STING	95146	
	3 STING	95147	
	4 STING	95148	
	5 STING	95149	
VENOM PREP	(SERUM FOR VENOM SHOT)	95165	
SPECIALTY (BIOLOGIC) ASTHMA SHOT			
XOLAIR	J CODE 2357	96401	
NUCALA	J CODE 3490	96372	

Date of Appointment:

Day:

Time:

<i>Antihistamines and drugs that may affect testing:</i>	LENGTH OF TIME TO BE OFF
All regular antihistamines such as Benadryl, Chlorpheniramine, Antihistamine and Decongestant combinations, OTC cold and cough preparations, and sleep aids such as Tylenol PM, etc.	48 hours
Allegra, Allegra D (generic: Fexofenadine), Astelin Nose Spray, Optivar Eye Drops (Azelastine), Emadine Eye drops, Astepro, Dymista, Zyrtec, Zyrtec D (generic: Cetirizine), Zantac (generic: Ranitidine), Allertec, Atarax (generic: Hydroxyzine), Vistaril, Periactin, Axi (Nizatidine), Tagamet (Cimetadine), Xyzal (Levoceterizine)	5 days
Claritin, Claritin D, (generic: Loratadine) Alavert, Clarinex, Clarinex D, Patanase / Pataday / Patenol / and/or Pazeo Eye Drops	7 days

FOR EXAMPLE

If your appointment is on a Thursday and the length of time to discontinue your medication is 4 days, take your last dose on the Saturday before your appointment.

**If you are taking medication for RASH,
SWELLING, or HIVES – Do Not Stop! ***

* There are medications that affect skin results, including medicines used to treat ulcers and heartburn (e.g. Zantac) and antidepressants (e.g. Elavil) which may be used to treat headaches – **DO NOT stop taking these medications!** As a rule, asthma medications do not affect skin test results and may be continued as prescribed. Please call our office if you have any questions.