

Dallas Allergy & Asthma Center
Physicians Certified by American Board of Allergy and Immunology

EXTRACT VIAL ORDER FORM

NEW PATIENT

ESTABLISHED PATIENT

For new patients beginning allergy immunotherapy, an initial set of allergy extract will be prepared. When this set has been used or has expired, the medical assistant will inform you so you may authorize additional allergy extract to be prepared. **At a minimum, you will need to have an office visit with the doctor AT LEAST ONCE A YEAR so that new extract can be ordered and your medications can be refilled.**

I authorize DAAC to order and prepare my allergy extract and I understand my account will be charged as such. I understand that I am required to provide DAAC with my current insurance card so they can file my extract to my insurance company. I will notify DAAC of any changes in my insurance information. I further understand that I am responsible for all co-pays/co-insurance/deductibles that may be applied in the making of this extract.

I also understand that unexpected reactions and interruptions in my injection schedule may result in the expiration of certain vials, causing them to be remade and those additional charges then charged to my account. *I consent to any necessary treatment required in the event of a reaction.*

PLEASE ALLOW UP TO 2 WEEKS TO HAVE YOUR EXTRACT VIAL APPROVED BY YOUR INSURANCE/PHYSICIAN AND MADE BY OUR SHOT DEPARTMENT

PATIENT NAME (Print) _____ DOB _____

SIGNATURE PATIENT/GUARDIAN _____ DATE _____

FOR OFFICE USE ONLY

Number of allergy extract vials to be made _____

Date of Last Office Visit _____ Need appt? Yes / No

Primary Insurance _____ Insurance Phone # _____ ID # _____

Insurance Rep _____ Date Verified _____

Injections w/ OV \$ _____ Injections w/o OV \$ _____ Extract \$ _____

Deductible Amt \$ _____ Deductible Met \$ _____

Family Ded Amt \$ _____ Family Ded Met \$ _____

Coinsurance _____ Pre-Exist Yes / No Exp Date _____ Referral Required Yes / No

Verified/Approved By _____ Entered into Rosch by & Date (nurse) _____