



Allergy Testing & Immunotherapy Policies and Insurance Pricing

Allergy Testing

- Code 95004 Total Charge is \$1,005.00 (\$15 per unit X 67 units)
 - Typical Cost *\$305.52 (\$4.56 per unit X 67 units)
- Code 95024 Total Charge is \$1,095.00 (\$15 per unit X 73 units)
 - Typical Cost *\$378.87 (\$5.19 per unit X 73 units)
- **Total Typical Cost for Allergy Testing: *\$684.39**
- **Note: The number of units charged varies based on the number of allergens the individual patient reacts to. The number of units charged for code 95004 could be less than 67 depending on the individual patient reaction.**
- **Note: Codes 95004 and 95024 are the typical codes utilized for allergy testing. It is possible for additional codes to be utilized resulting in additional charges.**

The following charges only apply should you and your physician decide to proceed with Immunotherapy.

Vial Preparation

- Vial Preparation (customized mixing of injection serum) is done automatically every ten to twelve weeks, depending on your insurance policy. Should you wish to discontinue automatic vial refills you must notify SCENT in writing by completing the Dismissal of Automatic Vial Refill Form.
- Code 95165 Total Charge is \$450.00 (\$15 per unit X 30 units)
Typical Cost *\$235.80 (\$7.86 per unit X 30 units)
- **Note: The number of units charged varies based on the number and type of antigens being mixed for each individual patient. The number of units charged could be less than 30 depending on the individual patient.**

Immunotherapy

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|--------------------|--------------|----------------|------------------------------|
| • Single Injection | Code 95115 / | Charge \$20.00 | Weekly Typical Cost *\$12.76 |
| • Two Injections | Code 95117 / | Charge \$30.00 | Weekly Typical Cost *\$13.76 |
| • Three Injections | Code 95117 / | Charge \$45.00 | Weekly Typical Cost *\$20.79 |

Most commonly asked questions should you and your physician decide to proceed with Immunotherapy:

- Do I have to schedule a time every week? No, just choose your office location. Allergy injections are given on walk in basis. You may come any day that injections are given in your selected location.
- Do I have to pay a visit co-pay and see the doctor when I get my injection? No, there is no physician visit co-pay and you do not have to wait to see a physician; however, depending on your insurance policy, you may have an injection co-pay.
- How long does it take to get an injection? We request that you wait in our lobby for 20 minutes after receiving your initial injection from each set of vials.

I understand if I agree to proceed with allergy immunotherapy, SCENT will proceed with the initial vial preparation prior to my scheduled First Shot appointment. There is a charge associated with Vial Preparation and this charge only covers the preparation of the vial and does not include any injections from the vial. Injections from the vial are charged separately. I acknowledge I will be financially responsible for the cost of the vial preparation regardless of whether I receive any injections from the vial or not.

I have read and understand the information regarding the policies and costs associated with allergy testing and immunotherapy. I understand South Carolina ENT, Allergy & Sleep Medicine will automatically refill my vials. Should I wish to discontinue automatic vial refill I must submit the discontinuation request in writing. I understand South Carolina ENT, Allergy & Sleep Medicine will file claims to my insurance company as a courtesy. Balances remaining due to co-pay, co-insurance and/or deductible are my responsibility. Balances remaining due to non-covered charges are my responsibility. I understand that if I do not have insurance, any balances resulting from allergy testing and/or immunotherapy are my responsibility.

***Costs vary by insurance company/group plan and may be higher or lower than the value stated. Costs may be reduced or eliminated once your annual deductible is met. All charges and costs are for illustrative purposes only and are subject to change. This illustration is not a guarantee of actual charges/costs.**

Patient Signature
Date

Patient Printed Name