

Welcome! The following is the policy for an appointment to undergo an evaluation for Mast Cell Activation Disorder/Syndrome at Comprehensive Allergy & Asthma Care, PLLC.

1. All patients must have a written referral letter from their local physician. Please send this letter and records to the following address:

Dr. Anne Maitland, MD, PhD
475 White Plains Road, Suite 11
Eastchester, NY 10709

There will be a charge of 150.00 to review the records, which will be collected when the appointment is scheduled. The billing code for this charge is 99358 and 99359, which you can submit to your insurance company.

Records can be faxed, there will be a 25.00 charge at the time of scheduling the appointment. The fax number is 914-631-3284. If already obtained, the records should include some of the following:

<ul style="list-style-type: none">• Recent office visit notes Completed Intake Questionnaire• Blood test results• Biopsy reports (from endoscopies or bone marrow aspirations)• Hospital and emergency room visits	<ul style="list-style-type: none">• Serum tryptase level, serum histamine level• A complete blood count with differential• 24 hour urine tests for N-methylhistamine, prostaglandin F2 alpha, and/or prostaglandin D2
---	---

2. Once your is received, a representative from the office of Dr. Maitland will be in contact with you regarding when an appointment can be scheduled.

***Please note that no medical advice will be given or nor will there be direct communication with patients who are not established with this practice.

3. It is the patient's responsibility to verify appropriate insurance coverage and to obtain referrals, if necessary. The staff members of Comprehensive Allergy & Asthma Care are not able to call insurance companies to verify insurance coverage, for the office visit or any laboratory testing. The office also does not have the resources to arrange referrals.

4. All patients should be medically stable to travel to the appointment. **No emergency appointments can be scheduled.**

5. The patient must have a local health care provider - doctor, physician assistant, nurse practitioner, who will follow them, when they return home, to provide ongoing management and care. **X _____ (initials)**

6. The initial consultation visit typically is 60 minutes and the follow up appointment is 30-45 minutes, to discuss any further test results, treatment recommendations, and coordinate care with the health care provider who will be responsible for ongoing treatment and care. Three to four appointments are suggested for diagnosis and treatment recommendations.

7. Routine medications (including antihistamines) **should not be stopped** prior to the appointment.

8. If the visit exceeds 45 minutes, any additional time will be billed (99354- 375.00), and will be the patient's responsibility at the end of the visit. **X _____ (initials)**

Patient/Guardian's Name _____ Patient/Guardian's Signature _____ Date _____