

TO ALL NEW PATIENTS UNDERGOING EVALUATION FOR MAST CELL ACTIVATION DISORDER

Welcome! The following is the policy for an appointment to undergo an evaluation for Mast Cell Activation Disorder/Syndrome with Dr. Anne Maitland.

1. All patients must have a written referral letter from their local physician. This letter and medical records should be sent to the office of

Dr. Anne Maitland, MD, PhD

475 White Plains Road

Eastchester, NY 10709

Records can be faxed but there will be a 25.00 charge added to any other charges following the initial visit. The fax number is 914-631-3284

- The records should include:
- Recent office visit notes, Completed Intake Questionnaire
 - blood test results
 - hospital and emergency room visits
 - biopsy reports
 - serum tryptase level, serum histamine level
 - a complete blood count with differential
 - 24 hour urine tests for N-methylhistamine and 11-betaprostaglandin

2. Once your information 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.

initials

6. The initial consultation visit typically is 60 minutes. This is billed as a consultation fee as well as extra time, due to the complexity of co-morbid illnesses. A fee of \$375.00 will be collected at the first visit, code of 99354. 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.

initials

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

8. If the visit exceeds the allotted time, any additional time will be billed for every extra 15 minutes, and will be the patient's responsibility at the end of the visit.

Patient Name _____ Patient Signature _____ Date _____