

Demographics Information

Patient Name: _____

Patient date of birth: _____
Month Day Year

Address: _____

Contact Number: _____
Please circle one Home Mobile Work

E-mail Address: _____

Telephone Consultation Information

The initial consult is **45 minutes** and costs a minimum of \$550.

Review of medical records is \$100, which will be collected upon receipt on the medical records and before the telephone consultation.

If the consult exceeds the 45 minutes, charges are \$75 per **15 minutes** thereafter.

Follow up telephone consultations are \$175 for 30 minutes and \$75 per 15 minutes thereafter.

For non face-to-face communications, including patient portal messages that address new concerns, the charge is \$75.00.

You will be charged accordingly for the time you are on the phone with our provider. Payment is due after your appointment and a Comprehensive Allergy & Asthma Care staff member will contact you for credit card information. **We do not keep your credit card information on file or offer any payment plans.** You will be contacted once we know how much to charge for your visit. If you cannot download the intake questionnaire and demographic patient form from our website, these forms will be mailed to you.

Insurance will not cover fees for out of state telephone consultations with our health care providers. The office can provide an invoice on the consultations and follow up communications, that you can submit to your insurance company for reimbursement.

In order to bill insurance you need to become an established patient in our office, which requires your physical presence in our office.

Please complete this form and e-mail or fax it back at least 2 days prior to your appointment. By signing and returning this form you agree to these terms. Please save or print this page for your records. Please mail all records that you want reviewed before the scheduled appointment. If records are faxed, then a charge of \$15 will be assessed.

Patient/Guardian Signature: _____