Comprehensive Allergy & Asthma Care, PLLC
475 White Plains Road, Suite 11, Eastchester, NY 10709
www.drannemaitland.net
TEL 914.631.3283 Fax 914.337.8204

Patient Name:______________________________

Patient date of birth:______________________________
Month Day Year

Address: ______________________________ ______________________________

Contact Number:________________ ________________ ________________
*Please circle one Home Mobile other*__________

E-mail Address:______________________________

Name and telephone number of physician______________________________

Telephone Consultation Information

The initial consult is **45 minutes** and costs a minimum of $850.
Review of medical records is $150, 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, the charge is $50.00 for 10 minute discussion of test results and $75.00 to address new concerns.

You will be charged accordingly for the time you are on the phone with our provider. Payment of review of records will be collected before the appointment and payment of the consultation is due after your appointment, based on the length of the telephone consultation.

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.

Please complete this form, mail or fax it back at least 1week prior to your appointment. By signing and returning this form you agree to these terms.

Please print this page for your records and mail all records that you want reviewed before the scheduled appointment. If records are faxed, then a charge of $25 will be assessed.

Patient/Guardian Signature:______________________________
Credit Card (Mastercard or Visa)______________________________Exp__________ CVV_______