

ALLERGY AND ASTHMA ASSOCIATES OF PITTSBURGH
Adult and Pediatric Allergy, Asthma, and Clinical Immunology

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AUTHORIZATION TO BILL PATIENT INSURANCE
AND
PATIENT RESPONSIBILITIES

You have been referred to this office due to a specific allergy problem (asthma, sinusitis, hay fever, hives, insect sting allergy, eczema, food or drug allergies, headaches, etc.). Allergy and Asthma Associates of Pittsburgh are specialty care physicians, and we must work in conjunction with your Primary Care Physician (PCP) to provide you with your necessary medical management.

An allergic investigation includes a detailed history, physical examination, skin tests, and a thorough discussion, with all results, at the conclusion of the investigation. Any laboratory procedures, if deemed necessary (blood work and pulmonary function studies), will be completed by either our office or your PCP.

It is the **responsibility** of the **patient** to make arrangements for all **authorizations** (if one is required) once an appointment has been scheduled with Allergy and Asthma Associates of Pittsburgh.

We will submit your charges to the appropriate group for you. Any DEDUCTIBLE, CO-PAYMENT, or NONCOVERED service will be the responsibility of the patient.

If after reviewing this information, there are additional questions, please do not hesitate to contact our office.

Date: _____ Signature: _____