



Patient Name: _____
Date Of Birth: _____ MRN# _____

Allergy Department

What is Allergen Immunotherapy? Also known as Immunotherapy, or “allergy shots”, is a method of treatment to control allergies. It consists of injecting increasing amounts of allergen mixture(s) at specified intervals until a “maintenance” dose is reached, at which time a constant or fixed amount of allergen is administered according to a prescribed schedule. _____

How often will I take shots? Allergy injections are given while building 1 to 2 times every 7 days, with one full day in between. It can take 6 months or longer to reach a “maintenance” dose and up to 1 year for symptoms to decrease. You/your child will be able to decrease the frequency of your injections as you reach the “maintenance” dose but this should not be done until instructed to do so by your doctor. The typical treatment time for immunotherapy is five years. You will need to be seen in the office every 3 months during the buildup phase. Once maintenance is reached, follow up appointments will be required every 6 months to 1 year. _____

Can reactions to the injections occur? Yes, the injections are something you/your child is allergic to and therefore have risks associated. These symptoms can include: local reactions, swelling, itching, or redness at the injection site may occur. This is usually treated with ice pack, anti-itch cream or steroid cream, and extra antihistamine such as Benadryl or Zyrtec. If the local reaction is larger than a quarter or lasts longer than 24 hours, notify staff prior to the next injection. Occasionally, an increase in allergy symptoms may be noticed such as itchy eyes or runny nose. Again, taking an extra anti-histamine is usually recommended. However, if increase in allergy symptoms are noted and are severe or are accompanied with other symptoms such as hives, difficulty breathing, tightness in the chest or throat, the doctor or nurse should be notified immediately. Reactions can be serious, but rarely fatal. Most reactions occur within 30 minutes of receiving the injection and therefore it is recommended that you stay at the facility in case medical care is required. However, reactions may occur up to 12 hours after the injection and therefore you will be required to have an epinephrine auto injector. This is a prescription auto-injector of epinephrine that should be used in case of severe allergic symptoms. Due to the risk of reaction, allergy injections may only be received at a medical facility and should never be given at home. _____

When should I not get an allergy injection? If you/your child have fever, rash, or actively wheezing, you should not get the injection. It is recommended to not have strenuous exercise approximately 2 hours after the injection is given. You should not start any beta-blocker medications while taken allergy immunotherapy. If you are taking a beta blocker prior to therapy, discuss this with the doctor. Beta blockers are medications used to treat high blood pressure. Some eye drops may contain a beta blocker. If you become pregnant or have a severe illness, please let us know. We may need to adjust dosing for you. _____

What happens if I miss a dose? Occasionally, missing a dose will occur. Whether you are sick or go on vacation or just get too busy and miss one dose, no big deal. We can usually adjust your dose and keep proceeding with therapy. If you continually miss doses and do not buildup appropriately, we may have to restart vials and there will be an additional cost to make the vials. Sometimes, insurance will not pay for the additional vials to be made and they will be billed to the patient. _____

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Allergy Immunotherapy Cost Summary

With each patient's insurance coverage different, we cannot tell you exactly how much your allergy immunotherapy will be. However, most insurance companies do cover allergy immunotherapy. Your out of pocket cost of this therapy will be determined by your particular insurance plan. You should contact the customer service number on the back of your insurance card to inquire if allergy immunotherapy is covered and what your out of pocket cost is to receive therapy.

There are 2 charges for allergy immunotherapy. The first is the cost for us to make the vial of medication. This is called antigen. When calling your insurance company, the CPT code for the antigen is 95165. The second charge is for administration of the allergy injection. This CPT code is 95115. The injection charge will be billed wherever you get your allergy injections. _____

Allergy vials are made specific to your/your child's allergy needs. You may need two vials of medicine depending on your allergies. The buildups for both vials will be done at the same time. The vial set for each vial needed will include enough serum for your buildup process, which is approximately 36 doses. The cost per vial set is \$540 (\$1080 if two vials are required). Once you reach a maintenance dose, only the maintenance vial/vials are made. Each vial contains 12 doses and the cost is \$180 (\$360 if you require 2 vials). _____

Refills of immunotherapy are automatic, so that we can make sure that you do not have a lapse in therapy. If you wish to discontinue your allergy injections during your course of therapy, please let our office know so that we will not make a refill for you. If you have a large amount of co-insurance due, we can set you up on payment arrangements to help facilitate the therapy. _____

I have received the Graves Gilbert Clinic allergy shot brochure and have read and understand the benefits and risks associated with receiving allergy immunotherapy. All my questions have been answered satisfactorily. I give permission to Graves Gilbert Allergy Department to proceed with making antigen and administer allergy injections. I agree to assume the financial cost of such treatment. If I receive injections at another medical facility, the medical provider at that facility, is responsible for proper administration of the injections and treatment of any complications.

Patient's or legal guardian's signature

Date

Name (please print)

Witness

Patient is a minor: Yes ___ No ___ Patient is physically or mentally unable to sign: Yes ___ No ___

I have given the above individual an explanation of the contemplated therapy and its anticipated benefits, risks, and potential complications.

Physician's signature

Date

