

Antigen Authorization For Starting Allergy Injections

By signing this form, I authorize Beach Allergy and Asthma Specialty Group to make my Antigens to be able to start allergy injections. By doing so I am authorizing Beach Allergy and Asthma Specialty Group to bill my insurance each time I am given my allergy shots. Antigens are charged and billed to the insurance company at each visit. It is the responsibility of the patient to ensure their insurance is active and eligible at the time services are rendered. If you are found to be ineligible for insurance coverage at the time services are rendered, you agree to held financially responsible for the full charged amount.

Patient _____ DOB: _____

Patient/Guardian Signature _____ Date: _____

Health Plan: _____ ID# _____ PPO/HMO

(HMO ONLY): Medical Group/IPA _____

FOR OFFICE USE ONLY:

Date Made: _____

Nurse Name: _____

QTY of Vials _____

PLEASE RETURN THIS FORM TO: Jen @beachAllergy.com

Revised 06/19/2020