

## For Insurance Billing Only Request for Documentation

Dear Infinite Allergy Labs Client,

Thank you for choosing Infinite Allergy Labs for your allergy testing needs!

As a courtesy, we will submit for patients with eligible out of network insurance.

Most insurance companies are now requesting the following documentation to cover the cost and avoid the patient having this responsibility.

Please attach a copy of the patient's records to the requisition.

## If a copy of the record is not available you may provide the following information:

0	Patient Demographics:			
Name:	:[	OOB:	Height:	Weight:
0	Progress Notes			
Reasor	n for Visit:			
	Complaint:			
	ian Orders:			
0	Current medication and aller	gy list		
List Cu	ırrent Meds:			
<ul> <li>Chronic conditions and/or problem list</li> </ul>				
Diagno	osis:			
<ul> <li>Documentation of any health education</li> </ul>				
Did ph	nysician or staff provide any he	ealth education	າ and if so on wh	at topic:
Yes/No	o Topic:			
Physici	ian Signature:			