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ALLERGY VACCINE WAIVER

Dear Patient,

Allergy vaccine may or may not be a covered benefit through your insurance plan. In some instances, allergy vaccine may be a covered benefit but there may be limitations on the amount of vaccine that can be made in a given benefit year. It is your responsibility to check the benefits and any limitations on your plan. Allergy vaccine may be subject to your deductible or co-insurance. Co-insurance is the percentage of costs of a covered health care service you pay after the deductible is met. Upon request, the amount that will be billed to your insurance company for each vaccine order will be communicated.

Patient Name: _____

Medical Record #: _____

Service: Allergy vaccine for your benefit year

Signing this form acknowledges that you are aware that amounts not paid by your insurance for your allergy vaccine will be your responsibility.

Responsible Party Signature: _____ Date: _____

Relationship to Patient: _____

Please initial one of the following:
_____I received a copy of this form.
_____I declined a copy of this form.