



## Allergy & Asthma Clinic

Dear Woodcreek Patient,

Welcome to Woodcreek Healthcare's Allergy & Asthma Clinic. In preparation for your appointment, we encourage you to call your insurance company to verify reimbursement rates, deductibles and co pays that may apply to allergy testing procedures, immunotherapy (allergy shots) and asthma evaluation. The following is a list of charges, which may be incurred during your visits. Prices effective 01/01/2018 & are subject to change.

### Office visit:

Procedure code: 99214 (detailed visit); Charge: Established Patient: \$242.00 New Patient: \$243.00

Procedure code: 99215(comprehensive visit); Charge: \$326.00

Procedure Code: 99204 (new patient visit); Charge: \$371.00

### Skin Testing Procedure:

Procedure Code: 95004; Charge \$16.00 per dose (24 doses administered per visit)

Procedure code: 95024; Charge \$19.00 per dose (minimum of 1 test up to a maximum of 30 tests per visit)

### Spirometry

Procedure code: 94060 Spirometry with Bronchodilator; Charge \$144.00

Spirometry/Exercise Challenge: Procedure code: 94618; Charge \$156.00

Nitric Oxide Expired Gas Determination: Procedure code: 95012; Charge \$46.00 (May NOT be covered by insurance).

### Laboratory:

Occasionally a blood test called an "ImmunoCap" (procedure code 86003) will be ordered in addition to the skin testing or it may be the only allergy testing ordered. These labs are done by an outside source: *Quest Diagnostics*. If you have any questions concerning ImmunoCap testing charges, please call *Quest Diagnostics* at 253-848-0798.

### Immunotherapy Injections:

Procedure Code: 95115 (single injection); Charge \$24.00

Procedure Code: 95117 (multiple injections); Charge \$29.00

### Serum Mixing:

Procedure Code: 95165 (Allergy Serum); Charge \$31.00 per dose. Typically 1-2 vials of serum are mixed every 6-8 weeks per patient, each vial contains 8-12 doses.

Recent changes in the design of health insurance products have resulted in the greater financial responsibility being placed on the patient in the form of higher copays, deductibles and coinsurance. As a result, Woodcreek finds itself in a position of needing to collect your portion of the bill at the time of your office visit. We will continue requiring the payment of copays and will begin requesting payment of account balances at your next visit. We will make every effort to inform you of your balance when your appointment is scheduled so that you will be prepared to make a payment prior to or at the time of your appointment.

We will also begin collecting a deposit toward the patient portion of the deductible and coinsurance for the current visit. We know this is a dramatic change in the way you are accustomed to paying for medical care and we want to thank you in advance for your understanding and cooperation.

Please note that Woodcreek Healthcare has a late cancellation and no show policy. We require 24 hour notice prior to rescheduling or cancelling an appointment. A "no show" is missing a scheduled appointment with no notice. A "late cancellation" is an appointment cancelled less than 24 hours in advance. NO SHOW FEE: \$35.00 LATE CANCELLATION: \$25

Please feel free to call the Allergy and Asthma Clinic 253-848-8797, option #2 if you have any questions, and we will be happy to assist you.

Thank you,