

# ALLERGY ASSOCIATES of Western Michigan PC

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## CONSENT TO BEGIN SUBLINGUAL IMMUNOTHERAPY (SLIT)

I, \_\_\_\_\_, have consented to begin sublingual immunotherapy (SLIT) through Allergy Associates of Western Michigan (AAWM).

AAWM agrees to prepare the allergy extract on my behalf.

Extract is billed at the time it is prepared.

SLIT is not currently a covered benefit under any insurance plans, and therefore, there are no CPT billing codes. I understand that I am responsible for cash payment to AAWM for the full cost of this service.

Allergy extract starter sets for SLIT consist of three (3) vials of increasing strengths. The number of starter sets I require will vary based on the results of skin testing (minimum of one, up to three). The cost of each starter set is \$50. Upon completion of the starter set(s), one new vial per starter set is prepared at the cost of \$50/vial. SLIT is administered daily, and refills are required approximately every 6-8 weeks. New extract will be made at my request upon completion of my current vial(s)

Any outstanding balance must be paid before new extract can be prepared.

Extract is made specifically for the individual patient. In the event that the extract is prepared and not used, I am still responsible for any outstanding balance.

\_\_\_\_\_  
Patient signature, or parent/guardian if patient is a minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of first SLIT administration

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