

ASSOCIATED ALLERGISTS & ASTHMA SPECIALISTS, LTD

NON-COVERED SERVICES

There will be a \$30.00 charge for each prior authorization obtained, effective immediately for all of our patients. Prior authorizations include Immunotherapy, Biologic Injections, Medication refills, initial Medication requests, and Radiology.

\_\_\_\_\_  
Patient Signature (Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

