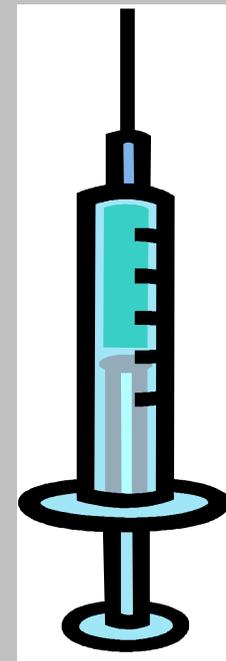


### Summary of Consented Information

You will be receiving 1-3 injections weekly. Injections are given with disposable syringes, subcutaneously in the upper arm area. Immunotherapy–allergy injection therapy is a 5-year commitment. For about the first year you will be required to receive your injections weekly. As you continue with therapy and visits, your injections may be spaced to every 2-4 weeks. Every patient is required to wait 30 mins. in our office after every injection–NO EXCEPTIONS– for the complete duration of immunotherapy. This is essential for the safe administration of your allergy injections and must be complied with. Allergy injections entail a small but possible risk. The program consists of an injection(s) in increasing doses, with material to which they are allergic. Thus, it is possible to have an allergic reaction to the shot itself. Reactions may be local (at the shot site) or systemic (affecting the rest of the body). It will be your responsibility to report to our office when any new medication is added to your treatment. Patients who are taking beta-blockers should not receive allergy injections. You must either stop injections or have your prescribing physician change your medication. Local reactions occur in most people at some time during the building-up of their allergy extract dose. Some local itching and swelling can be expected. As long as local reactions are not larger than quarter size and don't last more than a day, this is of no concern. If the local reaction is larger than this, the subsequent dose of allergy extract should be decreased. Systemic reactions are the reactions we are concerned about the most. This occurs approximately once in every 500 injections. Systemic reactions can vary. The minor reactions may include flushing, heart pounding, hives, nasal congestion, sneezing or coughing. More severe reactions can include difficulty breathing, asthmatic reactions, swelling of the throat and even shock. It is a possibility that a person could die from a systemic reaction, but this is only reported approximately once a year in the United States. Report any systemic symptoms immediately! All allergy injection patients are required to carry an Epi-Pen to and from their allergy injections. Each week you will be asked questions about how you feel, how your allergies are that day, or if the last injection caused any problems. It is important to be truthful with your answers. We prefer our injection patients receive their injections in our office, however due to insurance reasons or other circumstances patients may receive their injections at their PCP's office. A licensed physician, CRNP or PA must be on duty and medications needed to treat adverse reactions are kept on hand. We do not allow allergy injections to be given at home and we will accept no responsibility for this. We do not provide school notes for patients to receive their allergy injection during school hours. We advise every patient to check with their insurance plan for their individual coverage prior to consenting to injections. Patients may be required to pay co-pays, deductibles, and/or co-insurances. Please be aware of your responsibility, as allergy injections can be costly. All patients, regardless of their insurance coverage, are responsible for the cost of the serum should they cancel the initial appointment and the vials of serum were already prepared. Patients will also be responsible for serum should their insurance deem as not medically necessary. The estimated cost for these vials is \$15.00/vial. For active injection patients – Patient account balances must be paid in full prior to starting allergy injections. A deposit may also be required based on your insurance deductible. Vials must be paid in full before news vials will be made. **Effective 6/1/17:** vials must be paid and full and account balances must be below \$100.00 for new vials to be made. The following insurances require a referral for allergy injections (it is the patients responsibility to be sure there is a current referral on file): Aetna HMO, Capital POS, Geisinger HMO, Keystone East, and Central. Having a referral does not guarantee payment. Check with your plan to verify coverage. Initial Charges– prices are subject to change without notice \$17 for 1 injection, \$22 for 2 or more injections, \$700 for 1 Set, \$1400 for 2 Sets, \$2100 for 3 Sets of Serum. Venom Charges-1 Stinging Insect Vial (avg 3 vials) \$275/vial, 3 or more Stinging Insect Vial (avg 3 vials) \$500/vial. Prices are subject to change. Updated 6/28/21

# ALLERGY INJECTIONS

## Consent and Guidelines



## Allentown Asthma and Allergy

Please read the following information carefully before you make a decision to start immunotherapy. When you have read and understood this information, you can fill out and sign the attached form and return the form to our office. We will not schedule you to start your injections until this form is signed.

You will be receiving 1 to 3 injections weekly depending on how many allergens you are allergic to.

Injections are given with disposable syringes, subcutaneously in the upper arm or deltoid area. Each week your injections will be given in the opposite arm from the last injection.

Immunotherapy – allergy injection therapy is a five-year commitment. For about the first year you will be required to receive your injections weekly through V#5. As you continue with therapy and follow-up visits, your injections may be spaced to every 2 through 4 weeks.

Every patient is required to wait 30 minutes in our office after every injection – NO EXCEPTIONS – for the complete duration of immunotherapy. This is essential for the safe administration of your allergy injections and must be complied with.

Allergy injections entail a small but possible risk. The program consists of an injection(s) in increasing doses, with material to which they are allergic. Thus, it is possible to have an allergic reaction to the shot itself. Reactions may be local (at the shot site) or systemic (affecting the rest of the body).

**It will be your responsibility**

to report to our office when any new medication is added to your treatment. Patients who are taking beta-blockers should not receive allergy injections. You must either stop injections or have your prescribing physician change your medication.

Local reactions occur in most people at some time during the building-up of their allergy extract dose. Some local itching and swelling can be expected. As long as local reactions are not larger than quarter size and don't last more than a day, this is of no concern. If the local reaction is larger than this, the subsequent dose of allergy extract should be decreased.

Systemic reactions are the reactions we are concerned about the most. This occurs approximately once in every 500 injections. Systemic reactions can vary. The minor reactions may include flushing, heart pounding, hives, nasal congestion, sneezing or coughing. More severe reactions can include difficulty breathing, asthmatic reactions, swelling of the throat and even shock. It is a possibility that a person could die from a systemic reaction, but this is only reported approximately once a year in the United States. **Report any systemic symptoms immediately!**

All allergy injection patients are required to carry an Epi-Pen to and from their allergy injections.

Each week you will be asked questions about how you feel, how your allergies are that day, or if the last injection caused any problems. It is important to be truthful with your answers. Together we decide how to proceed with your allergy injection schedule.

We do prefer our injection patients receive their injections in our office, however due to insurance reasons or other circumstances patients may receive their injections at their PCP's office. A licensed physician or physician's assistant must be on duty and medications needed to treat adverse reactions are kept on hand. **We do not allow allergy injections to be given at home and we will accept no responsibility for this.**

Due to the convenience of our early morning and evening injection hours, we do not provide school notes for patients to receive their allergy injections.

**Cost and Insurance Information**

Due to the many different types of insurance and insurance regulations, the cost may vary for each individual patient. We advise every patient to check with their insurance plan for their individual coverage prior to consenting to injections. Patients may be required to pay co-pays, deductibles, and/or co-insurances. Please be aware of your responsibility, as allergy injections can be costly.

Patient account balances must be paid in full prior to starting allergy injections. A deposit may also be required based on your insurance deductible. Vials must be paid in full before news vials will be made. **Effective 6/1/17:** vials must be paid and full and account balances must be below \$100.00 for new vials to be made.

All patients, regardless of insurance coverage, are responsible for the cost of the serum should they cancel the initial appointment and the vials of serum were already prepared. Patients may also be responsible for serum should your insurance deem them as not medically necessary. The estimated cost for these vials is \$175.00/vial.

The following insurances require a referral for allergy injections (it is the patients responsibility to be sure there is a current referral on file): Some insurances that require a referral are: Aetna HMO, Geisinger HMO, Keystone East, and Keystone Central. Having a referral does not guarantee payment. Please check with your plan to verify coverage.



**Initial Charges – prices are subject to change without notice**

- \$17.00 for 1 Injection (CPT 95115)
- \$22.00 for 2 or more Injections (CPT 95117)
- \$700.00 for 1 Set of Serum (CPT 95165)
- \$1400.00 for 2 Sets of Serum (CPT 95165)
- \$2100.00 for 3 Sets of Serum (CPT 95165)

**Venom Charges**



- \$17.00 for 1 Injection (CPT 95115)
- \$22.00 for 2 or more Injections (CPT 95117)
- 1 Stinging Insect Vial (avg 3 vials) \$275/vial (CPT 95145)
- 3 or more Stinging Insect Vial (avg 3 vials) \$500/vial (CPT 95147)

Please feel free to contact our office with any questions you have regarding this information.

**Robert M. Zemble, M.D.**  
**Caitlin Houck, MSN, CRNP, FNP-C**  
**1605 North Cedar Crest Blvd.,**  
**Suite 605, Allentown, PA 18104**  
**610-820-9078-Fax**

**Complete this section, cut and mail to:**

Allentown Asthma & Allergy  
1605 North Cedar Crest Blvd  
Suite 605  
Allentown, PA 18104

**We will contact you upon receiving this consent to schedule your 1<sup>st</sup> allergy injection.**

Account balances must be paid in full prior to starting allergy injections. A deposit may also be required based on your insurance deductible.

*I have read and understand the risks and financial responsibility of my allergy injections.*

Print Patient Name/Date of Birth

Patient/Parent Signature

Date

Telephone Number Best to Reach You

**Office Use Only**

Date Patient Called

Appointment Date