

The Allergy Group

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Phone: 208.377.4000 Fax: 208.375.8426

Dear _____

Your appointment has been made for _____ @ _____
Your initial visit could last up to 2-3 hours.

ANTIHISTAMINES will block allergy testing results. Therefore, we ask that you NOT take any prescription-strength antihistamines (Claritin, Zyrtec, Allegra, Clarinex, and Astelin nasal spray) for 7 days prior to your visit. Over-the-counter non-prescription strength antihistamines like Benadryl may be taken up to 24 hours prior to your appointment.

DO NOT STOP any needed medications, asthma medications, topical or nasal steroids, stomach acid blockers, or Singulair.

Please have the patient information sheet filled out and make a list of the medications you take and the ones you may be allergic to and bring them with you for your appointment. Have all records that may be useful to us (doctor records, Emergency Room visits, lab tests, x-rays, etc.) either brought to us by you or have them faxed to our office (**208-375-8426**).

Please be sure to bring your insurance cards and photo ID with you at the time of your visit. As a courtesy we do our best to check your insurance benefits before your first appointment to give you an estimate of expected charges and amount due from you. If for some reason this has not been done please notify our office before your appointment so that your insurance benefits can be checked. Regardless of Insurance status, you are directly responsible for payment of your account.

We ask that you pay your co-payment or amount owed at the time of each visit. Your balance is due in full 45 days from your initial visit, to be paid either by you and/or your insurance company. All professional services are rendered to the patient and **NOT** to the insurance company. Unless you pay the account in full at the time of service, the insurance money must be paid directly to our office. In case of family problems or disputes, the parents or person who brings a minor patient into the office is directly responsible for the account. Our office will not be involved in family disputes. If payment is a hardship for you, please call our office in advance of your appointment and speak with our office manager to make individual financial arrangements. There is a charge of \$20 for each returned insufficient funds check. For your convenience, we accept **ALL** major credit cards.

A block of the doctor's time has been reserved for **YOU**. Our office will call to confirm your appointment 48 hours prior to your appointment. If you cannot keep an appointment, please give us **48 HOUR'S NOTICE**. This will allow someone else to be seen at that time. If you miss your appointment **WITHOUT** notification, a **"NO SHOW VISIT"** may be charged to you, which cannot be billed to your insurance.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL OUR OFFICE. WE WILL DO OUR VERY BEST TO RESOLVE YOUR ALLERGY PROBLEMS.

Thank you