ADVANCED ALLERGY SERVICES, LLC
<u>FINANCIAL AGREEMENT</u>

Advanced Allergy Services, LLC performs specialized treatment for certain conditions not normally provided by other health care practices. We DO NOT contract with insurance companies or accept payment directly from insurance for these services and will not be responsible for filing claims with your insurance company. Therefore, all services are performed as "fee for service" and are due from the patient in full for the specific treatment of your problem.

While your insurance company may cover diagnosis and billing codes that are similar in nature to the specific condition for which you are being treated by Advanced Allergy Services, LLC, these codes do not sufficiently match the time, effort or medical management involved in the treatment you will be receiving. We do not guarantee that your insurance company will cover any of assigned costs for the treatment. If your insurance company says that it covers the treatment, that does not necessarily mean that your insurance company will cover all of the tests, procedures, office visits etc. that we feel are necessary for the treatment.

You are responsible for working with your insurance company to obtain any reimbursement the insurance company may provide. We will provide you with information regarding your treatment, but will not communicate with your insurance company directly regarding the treatment or charges
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I hereby acknowledge that the costs associated with my treatment may not be covered by insurance and agree to pay all fees to Advanced Allergy Services, LLC according to the schedule outlined on the attached description of treatment and fees. I understand that <u>Advanced Allergy Services, LLC shall be under no obligation to assist me in obtaining any insurance reimbursement.</u>

I understand that my treatment regime may not be successful and that Advanced Allergy Services, LLC is under to obligation to refund any monies if my treatment is not a success.

_____   _____

Signature   Witness Signature

_____   _____

Print Name   Date

_____

Date