

Allergy Associates
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941-366-9711

400 Tamiami Trail South Suite 170
Venice, FL 34285
941-366-9711

Patient Name

_____/_____
Date

Time

Check off list before arriving for scheduled appointment

- **PHOTO ID IS REQUIRED**
- Please bring a small photo of patient for us to file in chart. This helps us remember who you are.
- Bring all paperwork **completely filled out** for your scheduled appointment to avoid having to reschedule.
 1. History Forms
 2. Personal information sheet
 3. Financial Guide/Payment Policy
 4. Photo of patient (other than driver's license)
- Bring your insurance card (s). A photocopy will be made. **WE MUST HAVE INSURANCE CARD** in order to file insurance for you. We cannot accept anything other than actual insurance card.
- Verify, prior to appointment, that Allergy Associates has received authorization **if** you have an HMO.
- Verify, prior to appointment, your individual benefits regarding deductibles, copays or coinsurance.
- Payment is due at time of each service. We accept checks, cash, Discover, MasterCard and Visa.
- Avoid antihistamines for **72 hours prior** to appointment. Do not cancel or not show up if you took antihistamines. We will just defer testing until another day. Many sleep aids contain antihistamines such as Tylenol PM, Nyquil and others. Please check with your pharmacist if you are unsure if you are taking an antihistamine.
- Refrain from wearing perfume or cologne while visiting our office. Many patients' symptoms are triggered and may cause breathing difficulty.
- No food or drink in the reception area especially peanuts or peanut butter products as this is very allergenic.
- Please give us 24 hour notice if you need to cancel or re-schedule your appointment. There will be a **\$50.00** fee for no-shows or for not canceling 24 hours in advance.

We thank you for your cooperation and we look forward to working with you and resolving your allergic problems.