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## ANTIGEN NEW and RENEWAL SELF PAY AUTHORIZATION TO MAKE ANTIGEN

PATIENT NAME \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

Please read the following information regarding patients who have no insurance or insurance that doesn't cover our antigen.

We will be billing your antigen based on the number of vials required to treat your specific allergies:

For all Patients who do not have medical insurance your antigen will be billed as follows:

| 6 cc vial                |                 | 8+cc vial                |                 |
|--------------------------|-----------------|--------------------------|-----------------|
| 1 injection (50 units)   | \$340 per year  | 1 injection (67 units)   | \$340 per year  |
| 2 injections (100 units) | \$675 per year  | 2 injections (134 units) | \$675 per year  |
| 3 injections (150 units) | \$1000 per year | 3 injections (201 units) | \$1000 per year |

Patients have 1 year to pay for antigen in full.

\_\_\_\_\_ I understand that if I discontinue my shots within the year I will still be responsible for the antigen in full.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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 Patient's last appointment: \_\_\_\_\_. If last appointment greater than 1 year make appointment. New Appointment date: \_\_\_\_\_