

### Allergy Testing Information

Patient Name \_\_\_\_\_

Your appointment for allergy testing is confirmed for:

**M T W TH F** on \_\_\_\_\_ at \_\_\_\_\_ am/pm in the **Frisco / McKinney / Plano** office.

Generally, most allergy testing will take from 30-90 minutes depending on initial test results. Occasionally, a more thorough allergy evaluation is needed and may require more detailed testing. If this becomes necessary, we will discuss this with you after you initial allergy tests have been performed.

Due to limited testing room space, only one parent or adult guardian will be permitted to accompany their child in the testing room. Also, please arrange for the care of other siblings prior to your appointment as we cannot supervise them in the waiting area. We apologize for any inconvenience that this may cause you.

Our office **WILL NOT** verify your individual policy benefits prior to testing. While allergy testing and treatment is typically covered, it may be subject to a deductible, co-insurance or pre-existing clauses. We strongly suggest that you contact your insurance carrier for member benefit verification to be prepared for any potential patient financial liability. Attached in this packet are instructions on how to obtain specific allergy benefits based on your individual plan details.

Please **wear loose-fitting, short-sleeved clothing** for testing (your inner forearm and upper arms will be used for testing). Also, please do not wear anything scented, including colognes or strong-smelling hair products. Avoid putting any lotions or creams on your arms as this may affect test results.

**You will need to be off antihistamines for 5 days prior to your testing**, (some requiring a longer time off).

If you take beta blockers, skin allergy testing is contraindicated. Allergy to this form is a list of some of the more common beta blockers used and other medications that will need to be discontinued prior to testing.

We will also need a complete list of your daily medications, vitamins, herbs, and any over-the-counter medications including products from health food stores.

If cancellation should be necessary, please notify us at least **48 hours** in advance so that your time may be given to another patient desiring allergy evaluation.

Thank you for your cooperation. Please contact our office should you have any questions.

### **Patient Allergy Benefit Verification Instructions**

Know your benefits. It is important to be proactive with your insurance carrier. Allergy services are typically covered and reimbursed according to your policy benefits. You will be able to get the best information by contacting your member services number on your insurance card. Member services representatives have quick access to your healthcare benefit details specific to your individual plan.

Allergy testing is billed as an in office procedure in addition to an office visit. Allergy injections and allergy serum vials are billed as in office services usually without an office visit. Make sure to ask if the following will apply to your allergy testing/therapy services:

1. Co-payment (with and without an office visit)
2. Coinsurance amounts
3. Deductible
4. Yearly caps, maximums or limitations
5. Pre-existing clause

#### Allergy Codes:

\*Allergy Testing: 95004 and 95024

\* Allergy Injection/Therapy (billed weekly): 95117

\* Allergy Serum (billed every 8 weeks): 95165

\* Dependent upon allergy testing, if immunotherapy is indicated and prescribed by your physician, you will be billed for weekly allergy shots (95117) in addition to allergy serum (95165) which is prepared every 8 weeks.

It is important that you discontinue all antihistamines for at least 5 days prior to allergy testing. Please inform your physician if this causes you to be too uncomfortable.

## COMMONLY USED ANTIHISTAMINES

### BRAND NAME

### CHEMICAL NAME (S)

#### OVER THE COUNTER

Claritin	Loratadine
Zyrtec	Cetirizine
Benadryl	Diphenhydramine
Allegra	Fexofenadine
Dimetane, Dimetapp	Brompheniramine
Chlor-Trimeton	Chlorpheniramine
Tavist	Clemastine
Marezine	Cyclizene
Dramamine	Dimenhydrinate
Unisom	Doxylamine
Actifed	Tripolidine-Pseudoephed
Tylenol PM	Diphenhydramine
<b>Any over the counter sleep aid with diphenhydramine in it.</b>	

#### PRESCRIPTION

Optimine, Trinalin	Azatadine
Astepro (nasal spray)	Azelastine
Patanase (nasal spray)	Olopatadine hydrochloride
Pataday/Patanol (eye drops)	Olopatadine ophthalmic
Phenergan	Promethazine
Antivert	Meclizine
Vistaril	Hydroxyzine pamoate
Atarax	Hydroxyzine hydrochloride
Periactin	Cyproheptadine
Optivar (eye drops)	Azelastine HCL
Zaditor (eye drops)	Ketotifen
Xyzal	Levocetirizine

If you are currently taking any of these medications, please inform your nurse or physician before scheduling allergy testing to make sure it is okay to stop these medications 5 days prior to testing as taking these could alter your test results.

## COMMONLY USED BETA BLOCKERS

### CHEMICAL NAME

Acebutolol  
 Atenolol  
 Betaxolol  
 Bisoprolol  
 Carteolol  
 Carvedilol  
 Esmolol  
 Labetolol  
 Levobunolol  
 Metipranolol  
 Metoprolol  
 Nebivolol  
 Nadolol  
 Penbutolol  
 Pindolol  
 Propranolol  
 Sotalol  
 Timolol

### BRAND NAME (S)

Sectral  
 Tenormin, Tenoretic  
 Kerlone, Betoptic (eye drops)  
 Zebeta, Ziac  
 Cartrol, Ocupress (eye drops)  
 Coreg, Coreg CR  
 Brevibloc  
 Normodyne, Trandate  
 Betagan  
 Optipranolol (eye drops)  
 Lopressor, Lopressor HCT, Toprol  
 Bystolic  
 Corgard, Corzide  
 Levatol  
 Visken  
 Inderal, Inderide, Innopran  
 Betaspace  
 Blocadren, Timolide, Istalol  
 Timoptic (eye drops)

## OTHER ALTERING MEDICATIONS

### CHEMICAL NAME

Amoxapine  
 Amitriptyline  
 Clomipramine  
 Desipramine  
 Doxepin  
 Imipramine  
 Nortriptyline  
 Protriptyline  
 Trimipramine

### BRAND NAME (S)

Asendin  
 Elavil  
 Anafranil  
 Norpramin  
 Sinequan  
 Tofranil  
 Pamelor  
 Vivactil  
 Surmontil