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**ADVANCE BENEFICIARY NOTICE FOR
ALLERGY TESTING**

We would like to inform you that not all insurance carriers will pay for allergy testing or treatment. Please note that allergy drops and oral challenge testing for foods and chemicals are not covered. Some insurance carriers will only cover a portion of the full cost of testing, and some will not provide any coverage at all. You need to contact your insurance carrier and find out about your co-payments, deductibles, and fees. Please note that pre-certification by your insurance carrier does not guarantee payment.

I agree to take full financial responsibility for any costs not covered my medical insurance.

SIGNATURE OF PATIENT

DATE

SIGNATURE OF PARENT

RELATIONSHIP TO PATIENT

DATE _____

WITNESS

DATE