



Steven F. Weinstein, MD., FAAAAI, FACAAI

PATIENT RESPONSIBILITY

YOU, THE PATIENT/GUARANTOR, ARE RESPONSIBLE FOR NOTIFICATION OF ANY CHANGE IN:

- 1) YOUR HMO AFFILIATION/PPO AFFILIATION**
- 2) PLAN OR COPAY CHANGE WITHIN YOUR HMO/PPO**
- 3) AUTHORIZATIONS IF REQUIRED**

CO-PAYS ARE DUE AT THE TIME OF SERVICE, CASH OR CHECK ONLY! WE DO NOT BILL FOR CO-PAYS.

I UNDERSTAND THAT IF I AM NOT ELIGIBLE FOR SERVICES PROVIDED BY ALLERGY AND ASTHMA SPECIALISTS MEDICAL GROUP, I WILL BE HELD FINANCIALLY RESPONSIBLE FOR ALL CHARGES.

PATIENT NAME:_____ (PLEASE PRINT)

**SIGNATURE OF PERSON
LEGALLY RESPONSIBLE:_____ DATE_____**

Please note that there is a \$25.00 charge if you fail to cancel at Least 1 full day (24 hrs.) prior to your appointment.

**** As a courtesy to other patients and our staff, please refrain from wearing fragrances, i.e.: Perfume, Cologne, or Scented Lotions.**