Piedmont HealthCare, P.A.

Medical Services Coverage Waiver

NOT ACCEPTABLE FOR MEDICARE

I hereby authorize Fred New, APRN
(Print Physician's Name)

of Piedmont HealthCare to perform the following medical service(s)

Sublingual allergy drops

☐ **I understand that Sublingual Allergy Drops (CPT 95199) should be a covered benefit by my health insurance company. If claim is denied for a non-covered service, then I will be responsible for full payment without any contractual insurance adjustment. If claim is processed as a covered service and PHC/LNENT is contracted with the insurance company, then we will do the contractual insurance adjustment. (Payment is expected to be paid in full at time of service)**

_____
(Patient Name)

_____ _____
(Witness) **(Signature - Patient)**

_____
(Date)

This form is available on SharePoint/Corporate Services/Business Services/Business Services Forms