PATIENT REGISTRATION FORM

CHART NUMBER:

PATIENT NAME (first, middle initial, last)			DATE OF BIRTH
SEX Male Female	**MARITAL STATUS** Single Married Separated Divorced Widowed	**SOCIAL SECURITY #**	**PHONE NUMBER**

EMAIL ADDRESS

HOME ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS, if different than Home Address	**CITY**	**STATE**	**ZIP CODE**

PRIMARY CARE PHYSICIAN INFORMATION

As allergy specialists, our office is required by insurance companies to list the patient's primary care physician when sending out an insurance claim. Please fill in the information below, in order to process your claim in an accurate and timely manner.

PRIMARY CARE DOCTOR'S NAME	OFFICE PHONE NUMBER

RESPONSIBLE PARTY NAME (first, middle initial, last) (□ same as patient)		PHONE NUMBER	
RELATIONSHIP TO PATIENT PARENT GUARDIAN SPOUSE OTHER: ___________________________		**SOCIAL SECURITY #**	
HOME ADDRESS (□ same as patient)	**CITY**	**STATE**	**ZIP CODE**
EMPLOYER NAME & ADDRESS		**WORK PHONE NUMBER**	

INSURANCE REGISTRATION

Insurance card is required at appointment.
Please note that our office does not file claims for secondary insurance(s).

PATIENT PRIMARY INSURANCE	POLICY HOLDER NAME (□ PATIENT □ RESPONSIBLE PARTY)
POLICY NUMBER	**GROUP NUMBER**

INSURANCE AUTHORIZATION AND ASSIGNMENT AGREEMENT

I hereby authorize this office to apply for benefits on my behalf for covered services rendered. I request payment from my insurance company to be made to Allergy & Asthma Center of Fredericksburg. I certify that the information I have reported with regard to my insurance coverage is correct, and further authorize the release of any necessary information, including medical information, to other treating physicians and to my insurance company in order to determine insurance benefits to which I may be entitled. Either myself or my insurance company, at any time in writing, may revoke this authorization. In the event my account is referred for collection, I agree to pay all costs incurred in collecting the amount due, including an additional amount of 33 1/3 percent as attorney's fees.

PATIENT/PARENT/GUARDIAN SIGNATURE	PATIENT/PARENT/GUARDIAN NAME (PRINTED)	DATE

***** please complete page 2 *****

REFERRAL INFORMATION - How did you hear about Allergy & Asthma Centers?

□ Primary Care Doctor
□ Other doctor: ____________________
□ Another patient

□ Web search: Google Yahoo Other: ___________________
□ Advertisement: ______________________________________
□ Other: ____

EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP	PHONE NUMBER

DEEMED CONSENT

I understand that under Virginia law if, while examining or treating me, any person employed by or under the direction and control of Allergy & Asthma Centers* is directly exposed to my body fluids in a manner that may transmit HIV, Hepatitis B or Hepatitis C, I will be deemed to have consented to testing for HIV, Hepatitis B or Hepatitis C infection and to the release of the test results to the exposed person. **I have read the above consent.**

PATIENT/PARENT/GUARDIAN SIGNATURE

AUTHORIZATION TO TREAT A CHILD

The following person(s) listed below are able to bring my child into the offices of Allergy & Asthma Centers* with my full approval to have care rendered by the physician and nurses for routine exams, allergy injections and emergency medical treatment(s) in my absence.

Name of authorized person	Relationship to child

PARENT/GUARDIAN SIGNATURE	PARENT/GUARDIAN NAME (PRINTED)

*Allergy & Asthma Center of Fredericksburg dba Allergy & Asthma Centers, Allergy & Asthma Center of Manassas, and Allergy & Asthma Center of Fairfax

Allergy & Asthma Centers

Board Certified Pediatric and Adult Allergy & Immunology

www.AllergyAsthmaDoctors.com

Andrew S. Kim, MD   Ahmed T. Butt, MD   Julie T. Abraham, MD   Seth C. Craig III, MD

1300 Thornton Street, Ste 200 Fredericksburg, VA 22401 Ph: 540.371.6810 Fax: 540.371.9154	9010 Lorton Station Blvd, Ste 210 Lorton, VA 22079 Ph: 703.339.1660 Fax: 703.372.5567	8140 Ashton Ave, Ste 110 Manassas, VA 20109 Ph: 703.844.0440 Fax: 703.844.0445

IMPORTANT – PLEASE READ PRIOR TO YOUR APPOINTMENT

- *Please note that allergy testing can take up to 3 hours* and we have reserved 3 hours in our schedule for your allergy evaluation. To avoid possible cancellation charges ($50), please call us at least 24 hours in advance if you are unable to keep your appointment.

- *If you have HMO insurance*:
  - It is very important that you contact your primary care physician to make certain that we get your referral before or that you hand-carry your referral to our office the day of your appointment. For your own assurance, if you are not bringing your referral to your appointment, we ask that you call our insurance clerks to verify that we have received your referral at least (2) two days before your appointment at (540) 899-6192. **** It is the patient's responsibility to arrange for the proper referral to be received by our office from your primary care physician****

  - In the event that our doctors recommend additional visits and/or procedures not listed on your initial referral, you must again contact your primary care physician to process the needed referrals.

- *Please do not take any anti-histamines 5 days prior to your visit for allergy testing*.
  - Examples of anti-histamine medications are:
    - Benadryl (diphenhydramine), Atarax (hydroxyzine)
    - Claritin (loratadine), Zyrtec (cetirizine), Allegra (fexofenadine)
    - Clarinex (desloratadine), Xyzal (levocetirizine)
  - Many over-the-counter cold, cough and allergy medications also contain anti-histamines. Please feel free to call our office if you are unsure if your medication contains an anti-histamine.
  - If you feel that you **cannot** discontinue your anti-histamines for 5 days prior to your visit, please contact our office to let us know before your appointment.

- *Please continue your other daily medications.*
  - Medications such as nasal sprays, asthma inhalers and/or your other daily medications (ex. high blood pressure, cholesterol, diabetes or heart medicines) SHOULD BE CONTINUED as prescribed by your primary doctor.

Thank you for taking the time to read these instructions.
We are looking forward to seeing you at your appointment!