

The Allergy and Asthma Center, P.C.

Adult and Pediatric Allergy and Asthma Care

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Dear Patient,

In order to reduce the overall cost of healthcare, we have implemented a policy by which you can choose to pay a lesser fee at the "Time of Service". One of the largest costs associated with every medical practice is the cost associated with medical billing. We are able to dramatically reduce our fees if we do not have to deal with this billing process and the associated write offs. We are committed to treating all patients in a cost effective manner and reducing the overall healthcare burden on the entire nation. You now have a choice to be a part of this effort.

If you choose to participate in our "Time of Service" payment program we will provide you with a receipt that can be used for tax purposes. You will not be able to submit this charge to your insurance, but know you will be getting the best rate possible by paying at the "Time of Service".

We hope you choose to participate in this program. We can all benefit from these lower rates and we appreciate prompt payments. Please ask a staff member if you have any questions. Please see the attached fee schedule for our rates.

Sincerely,

The Allergy & Asthma Center Staff

*Please select one option and sign.

I am interested in utilizing the "TOS" Plan. _____

I am NOT interested in utilizing the "TOS" Plan. _____

	<u>"Time of Service" Rate</u>	<u>If We Bill Insurance/Medicare/Medicaid</u>
Established Patient Visit	\$70	\$70-\$220 (Typical Charge is \$95)
New Patient Visit	\$175	\$175-\$285 (Typical Charge is \$240)
Single Allergy Shot	\$10	\$16
Multiple Allergy Shots	\$20	\$34
Xolair Injection	\$15	\$25
Allergy Shot Serum	\$10/dose	\$14/dose
Allergy Scratch Tests	\$5/each	\$9/each
Scratch Venom Tests	\$18/each	\$26/each
Intradermal Venom Tests	\$20/each	\$30/each
Allergy Patch Tests	\$7/each	\$12/each
Breathing Test	\$40	\$70-\$75 (Depends on type of test)
Bronchospasm Evaluation	\$100	\$145
Blood Draw	\$5	\$15