



HINSDALE

ASTHMA AND ALLERGY CENTER

105 E 1st Street Suite 203 Hinsdale IL 60521

Tel. 630-323-5522

Fax. 630-323-5524

- A. Notifier: Hinsdale Asthma and Allergy Center
- B. Patient Name:

Advance Beneficiary Notice of Non-coverage

NOTE: If your insurance doesn't pay for **procedures completed in the office**, you may have to pay the self-pay rate.

Your insurance may not offer coverage for the following services even though your health care provider advises these services are medically necessary and justified for your diagnoses.

C.	D. Reason Insurance May Not Pay:
95004- Percutaneous skin testing 95024- Intradermal skin testing 95165- Allergy Serum for immunotherapy 94060- Spirometry Testing 96372- Biologic injection 95076- Ingestion Challenge 95018- Drug Testing	Insurance may not deem ___ C ___ as medically necessary.

WHAT YOU NEED TO DO:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Reach out to your insurance company for more details regarding the above procedures if interested.

This notice gives our opinion, not a denial from your insurance company. If you have other questions on this notice please ask the front desk staff, the billing staff, or the physician before you sign below. Signing below means that you have received and understand this notice.

E. Signature:	F. Date:
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