



ALBANY ENT & ALLERGY SERVICES, P.C.
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Sublingual Immunotherapy (SLIT)
Consent & Financial Information

The allergens used for allergy drops are the same as those used for injections. The U.S. Food and Drug Administration (FDA) has specifically approved the use of these allergens for injection use. Using them for allergy drops (sublingually) though is considered an “off-label” use which means that they are not specifically approved by the FDA for this purpose. Off-label use in the US healthcare delivery system is a legitimate, legal and common practice though may often times be interpreted by insurance plans as investigational and experimental. Because of this insurers typically do not cover these costs despite the fact that the efficacy of this treatment has been confirmed in peer review journals and has been prescribed for this use worldwide for decades.

No specific procedure code is available for sublingual immunotherapy so no prior approval or denial can be obtained from your insurance carrier. Consequently you will be required to pay in advance for this product which is customized for you based on the results of your allergy testing. The cost is \$225.00 for every three months of therapy.

During the initial period you will be required to come in for four office visits when you will be instructed and counseled regarding your care and treatment. These office visits will be submitted to your insurance company and we expect these to be handled in accordance with your policy. Copays may apply for these visits.

Please sign and date below acknowledging:

1. You have read and agree with our financial policy.
2. You understand that allergy drops are an off-label use of an FDA-approved biologic.
3. Co-pays will be due at the time of office visits, when applicable.
4. You have been given ample opportunity to ask questions and these questions were answered satisfactorily so that you can make an informed decision.
5. In addition, you also acknowledge that you have been given no guarantee or assurance as to the results that may be obtained from the use of allergy drops.

Signature: _____ DOB: _____

Witness: _____ Date: _____