

# TEXAS REGIONAL ASTHMA AND ALLERGY CENTER, L.L.P.

*Board Certified specialists in allergy, asthma, immunology, and respiratory disorders*

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WEBSITE: [www.traac.org](http://www.traac.org)

## ALLERGY SKIN TESTING INSTRUCTIONS

Please follow these instructions for your allergy skin testing appointment. The test appointment includes reviewing the results with you and explaining your treatment options based on the testing results. These options may include avoidance of allergens, medication choices, and/or some form of desensitization.

- Expect your appointment to last approximately 1 ½ to 2 hours. You will leave with the results of your test and recommendations for further treatment options.
- The first part of this testing will be done on your back so you will be laying on your stomach for about 20-30 minutes with a gown on. In some patients, a second part of the testing will follow and be done on the side of your upper arm. You can read or use your phone while your test is on your skin.
- Wear a shirt that won't be damaged by Benadryl cream, which we may use on your back after the test.
- Our office will verify your insurance benefits in most cases. Our staff will contact you before the test to give you an estimated cost and coverage if you are required to pay more than your co-payment. Unfortunately, there is no guarantee that the insurance company will pay their estimate depending on deductibles and coverage; in the end, the patient will be responsible for any amounts not covered by your insurance company.
- Examples of medications that need to be stopped 5-7 days prior to your test include: Claritin (Loratadine), Clarinex (Desloratadine), Zyrtec (Ceterizine), Allegra (Fexofenadine), Palgic (Carbinoxamine), Benadryl (Diphenhydramine), Chlorpheniramine, allergy eye drops, Patanase nasal spray, Astelin/Astepro (Azelastine), Dymista nasal spray, and Xyzal (Levoceterizine).
- Beta-Blocker medications cannot be taken before skin testing.
- Some stomach acid blockers must be stopped as well including Zantac (Ranitidine), Tagamet (Cimetidine), Pepcid (Famotidine), and Acid.
- Do NOT stop your asthma inhalers or Singulair. If you use a rescue inhaler, such as ProAir, Proventil, Ventolin, or Xopenex, please bring it with you.
- **You must have antihistamines out of your system for 5-7 days. Do not stop your other medications.**
- Unless recommended by your physician, there will be no restriction on activities after your test.

**If you are pregnant or may be pregnant, please advise the nurse prior to your allergy test.**

*Payment for your allergy test will be expected at the time of service. Please call the office if you have any questions or concerns or to verify the amount due. **There will be a \$100 charge for no-show appointments and/or those canceled with less than 24 hours' notice.***

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Doctor: \_\_\_\_\_

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## Welcome to Texas Regional Asthma & Allergy Center!

We would like to thank you for choosing our practice to assist with meeting your healthcare needs. Our office staff is committed to ensuring that you and your family receive the best possible care while you are here. Our office staff will have verified your insurance benefits for allergy-related procedures prior to your appointment. Since payment for allergy procedures is expected at the time of service, we have included the following information for you, so that you can also contact your insurance company to inquire about your financial responsibility for common procedures that may be recommended as part of your diagnosis and treatment here.

Your physician may recommend that you be allergy tested in order to determine specific allergies and whether you or your family member may be a candidate for immunotherapy. There are procedures that may be discussed with you or your family at the time of your appointment. We encourage you to use this information and contact your insurance carrier to inquire as to the amount covered and what your out-of-pocket expense will be for each procedure.

Below is a list of some of the procedures and their procedure codes that may be recommended for you by one of our physicians. You are encouraged to use this information to determine your financial responsibility for the following procedures so that you can plan accordingly.

- ALLERGY TESTING (includes scratch testing & intradermal skin testing) 95004 (scratch)  
(no office visit) 95024 (intradermal)
- RUSH IMMUNOTHERAPY (rapid buildup of allergy injections) 95180  
(no office visit)
- ALLERGY INJECTIONS (usually once or twice a week) 95115 (1 injection)  
(no office visit) 95117 (2-3 injections)
- ALLERGY SERUM 95165  
(no office visit)

**\*\* This is not a guarantee of benefits. The amount for procedures may vary from verification amounts. It is your responsibility to verify benefits and amount with your insurance carrier\***

Payment for all procedures is required at the time of service. Payment amounts may vary according to what is not a covered benefit by your insurance carrier, which may include those services applied to your deductible, co-payments, etc.

Administration for allergy injections are to be paid at the time of service. If you have any questions regarding your insurance, please do not hesitate to contact our business office. (817) 421-0770

Thank you!

## Examples of meds to DISCONTINUE for allergy skin testing:

- \* Allegra (fexofenadine)
- \* Astelin/Astepro (azelastine) nasal spray
- \* Atarax/Vistaril (hydroxyzine)
- \* Benadryl (diphenhydramine HCL)
- \* Bepreve (Bepotastine)
- \* Chlor-Trimeton (chlorpheniramine)
- \* Clarinex (desloratadine)
- \* Claritin/Alavert (loratadine)
- \* Dimetapp (brompheniramine)
- \* Dymista (Fluticasone/azelastine)
- \* Optivar (Azelastine)
- \* Palgic (carbinoxamine)
- \* Pataday/Patanol (Olopatadine)
- \* Patanase (olopatadine) nasal spray                      Ryaltris (olopatadine/mometasone) nasal spray
- \* Semprex (acrivastine)
- \* Sonata (Zaleplon)
- \* Tavist (clemastine)
- \* Xyzal (levocetirizine)
- \* Zyrtec (cetirizine)

\*\*\*\*MANY OVER-THE-COUNTER (OTC) DRUGS FOR NAUSEA, COLDS AND SLEEPING AIDS CONTAIN AN ANTIHISTAMINE (DRAMAMINE, PHENERGAN, ANTIVERT, ADVIL COLD, TYLENOL COLD, ADVIL PM, TYLENOL PM, ZQUIL, UNISOM, ETC). IF YOU ARE UNSURE, ASK A NURSE OR YOUR PHARMACIST\*\*\*\*

Some other prescription and OTC drugs for depression, bipolar disorder, heartburn, and other stomach problems MAY also interfere with skin testing results. These meds must be STOPPED 3-4 days PRIOR TO TESTING. These include but are not limited to:

- \* Axid (nizatidine)
- \* Bentyl (dicyclomine)
- \* Compazine (prochlorperazine Maleate)
- \* Elavil (amitriptyline)
- \* Pamelor (nortriptyline)
- \* Pepcid, Tums Dual action (Famotidine)
- \* Phenergan (promethazine)
- \* Remeron (mirtazapine)
- \* Risperdal (risperidone)
- \* Tagament (Cimetidine)
- \* Tofranil (imipramine)\*Zantac (Ranitidine)

**IF ON A BETA BLOCKER, please discuss with your provider. Examples: Inderal (propranolol), Tenormin (atenolol), Coreg (carvedilol), etc.**

**INHALERS, ASTHMA MEDICATIONS, NASAL STEROID SPRAYS, STEROIDS, AND DECONGESTANTS SHOULD BE CONTINUED EVEN ON THE DAY OF TESTING, AS THESE DO NOT INTERFERE WITH TESTING RESULTS**

Herbal supplements / Antidepressants to DISCONTINUE before Allergy

Skin Testing:

- \* Astragalus
- \* Feverfew
- \* Green Tea
- \* Licorice
- \* Milk Thistle
- \* Saw Palmetto
- \* St. John's Wort

Some antidepressants/sedatives MAY interfere with skin testing results. Do NOT stop these medications prior to discussion with your Allergist AND prescribing Physician.

- \* Ambien (zolpidem)
- \* Ativan (Lorazepam)
- \* Aventyl
- \* Elavil
- \* Estazolam
- \* Eszopiclone
- \* Doxepin
- \* Klonopin (clonazepam)
- \* Norpramin (desipramine)
- \* Oleptro (trazodone)
- \* Quetiapine
- \* Restoril (Temazepam)
- \* Surmontil (trimipramine)
- \* Valium (diazepam)
- \* Versed (midazolam)
- \* Vivactil (protriptyline)
- \* Wellbutrin (bupropion)
- \* Xanax (alprazolam)

### Examples of medications that are OK to take for testing:

- \* Aciphex
- \* Antibiotics
- \* Afrin
- \* Celexa (citalopram)
- \* Cymbalta (duloxetine)
- \* Effexor (venlafaxine)
- \* Flonase (fluticasone)
- \* Inhalers ( Advair, Breo, Symbicort, Proair, etc.)
- \* Lexapro (escitalopram)
- \* Nasacort
- \* Nasonex (mometasone)
- \* Nexium (esomeprazole/omeprazole)
- \* Omnaris (ciclesonide)
- \* Paxil
- \* Pexeva (paroxetine)
- \* Prednisone
- \* Prevacid
- \* Prilosec
- \* Pristiq (desvenlafaxine)
- \* Protonix
- \* Prozac
- \* Q-nasl
- \* Rhinocort
- \* Sarafem (fluoxetine)
- \* Singulair
- \* Zegerid
- \* Zetonna (ciclesonide)
- \* Zoloft (sertaline)

**INSURANCE ALERT**

PAYMENT FOR YOUR ALLERGY TEST WILL BE EXPECTED AT THE TIME OF SERVICE. WE ASK THAT ALL PATIENTS VERIFY THEIR INSURANCE COVERAGE PRIOR TO CALLING OUR OFFICE. WE CANNOT GUARANTEE BENEFITS GIVEN TO OUR OFFICE BY YOUR INSURANCE COMPANY. OUR OFFICE WILL BE CONTACTING YOU 2-5 DAYS PRIOR TO YOUR SCHEDULED ALLERGY TESTING DATE WITH BENEFIT COVERAGE. IF YOUR ALLERGY TEST IS COVERED BY A COPAY, YOU WILL NOT RECEIVE A CALL FROM OUR OFFICE. YOU MUST CONTACT OUR INSURANCE COORDINATOR IF YOU HAVE ANY QUESTIONS OR WANT TO VERIFY THE AMOUNT DUE. (817) 421-0770 EXT 127.

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