

Wei An, MD Olivia DelloStritto, PA-C Ian Gragnolati, PA-C

Venom Checklist

Immunotherapy was discussed with the Physician			
I was given and have reviewed the immunotherapy information packet			
I have returned the three forms: Immunotherapy Financial Consent Form Immunotherapy (Allergy Shots) Consent			
Shot Patient Emergency Contact Information			
I returned these three forms by either: Completing them in the office Mailing to: Connecticut Asthma & Allergy Center LLC Attn: Bottle Room 836 Farmington Avenue Suite 207 West Hartford, CT 06119			
I would like to start shots in:			
Avon Hamden	Manchester	Middletown	West Hartford

Once the Venom Consents are received

- 1. The physician places the order for your immunotherapy
- 2. The order is approved and serum is made
- 3. The office will contact you to set up the first allergy shot appointment and verify the office you will be receiving your injections.



Wei An, MD Olivia DelloStritto, PA-C Ian Gragnolati, PA-C

PATIENT FINANCIAL RESPONSIBILITY - VENOM SHOTS

Patient Name:	Insurance Company:		
Your physician is recomn	nending allergen immunothera	apy for you or your child.	
Please call your insurance	e company at the Member Serv	vices phone number to confirm that	
this is a covered benefit.	Provide the following highligh	nted procedure codes to the	
insurance company.			
Venom Shot Procedure Codes			
95	117 Administration Injection	1	
95	145 Single Stinging Insect Ve	enom	
95	146 Two Single Stinging Ins Venom	ect	
95	147 Three Single Stinging In Venom	sect	
95	148 Four Single Stinging Inse Venom	ect	
95	149 Five Single Stinging Inse	ect Venom	
·	d? No□ YES□ If ye	es: Deductible Met: \$	
	NO □ YES □%		
Do I have a copay? NO □			
Is there a maximum/limit on number of 95117 injections? NO \square YES \square per:			
year/days			
The name of the person you spoke with:			
Date:/ Time: am/ pm Reference Number for Call:			
This form must be completed, signed and return the our office prior to starting immunotherapy.			
Signature:		Date:	



Wei An, MD Olivia DelloStritto, PA-C Ian Gragnolati, PA-C

Venom, Facts and Consent Facts About Immunotherapy

Venom shots are an attempt to build a tolerance to the insect venom to which you are allergic.

Reactions may occur. There are two types.

A <u>LOCAL</u> reaction usually occurs within 20 minutes after the injection although it may occur later. A local reaction is redness, swelling and itchiness at the site of the injection beyond what you should have from a mosquito bite.

A <u>SYSTEMIC</u> reaction usually occurs within 30 minutes after the injection. The symptoms of a systemic reaction include itchy eyes, itchy ears and throat, coughing, congestion, sneezing, throat tightness and hives. It is potentially life threatening and should be reported AS SOON AS POSSIBLE.

As systemic reactions are possible, all patients are required to wait 30 minutes in the waiting room. UNDER NO CIRCUMSTANCES CAN VENOM SHOTS BE GIVEN AT HOME. Should symptoms of a systemic reaction occur, emergency medical treatment should be sought, either in our office or at the nearest medical facility. After you are stabilized, our office should be notified.

Local reactions on the arm are used as a guide for further treatment and therefore should be reported to the nurse prior to administration of the next shot. Should they become uncomfortable, ice packs and antihistamine can be given. ALL PATIENTS SHOULD CARRY AN ANTIHISTAMINE WITH THEM ON THE DAY OF THE SHOT AND IF YOU HAVE ASTHMA YOU SHOULD CARRY YOUR INHALER WITH YOU. We would like you to be committed to getting your shots on time. If you need to be away for an extended period of time, let us know and arrangements may be made for you to receive your immunotherapy elsewhere.

Once you are receiving your venom shots monthly or every 6 weeks, you are expected to see your allergist on a regular basis at least once per year. Please notify the nurse or physician if you are taking any new medications, specifically beta-blockers, which are used in the treatment of high blood pressure, heart disease and migraine headaches. Patients on beta-blockers should not receive immunotherapy.

Venom patients should have an Epi-Pen or Epinephrine Kit. (Please make sure the expiration dates are good.)



Wei An, MD Olivia DelloStritto, PA-C Ian Gragnolati, PA-C

You or your insurance will be charged at the time of shots for the administration of the shot; extracts are billed separately for some insurance programs. Please call us at (860) 232-9911 if you should have any questions.

Desensitization consists of gradual increases on the strength and dose of venom until a maintenance level of 1cc of mcgm/ml is achieved. Although treatment can vary due to an individual patient's sensitivity, the usual treatment is as follows:

Treatment Schedule

Week#	Patient Receives:
1	3 shots at 30-minute intervals of each venom needed.
2	2 shots at 30-minute intervals of each venom needed.
3	2 shots at 30-minute intervals of each venom needed.
4	2 shots at 30-minute intervals of each venom needed.
5	2 shots at 30-minute intervals of each venom needed. (Patients is receiving
	top dose in 2 parts)
6	2 shots of each venom and remains in the office for 30 minutes.
7	1 shot of each venom and remains in the office for 30 minutes. (We will now
	increase time between shots)
8	1 shot of each venom and remains in the office for 30 minutes.
10	1 shot of each venom and remains in the office for 30 minutes.
13	1 shot of each venom and remains in the office for 30 minutes.
17	1 shot of each venom and remains in the office for 30 minutes.
22	1 shot of each venom and remains in the office for 30 minutes.
28	1 shot of each venom and remains in the office for 30 minutes. (From now on shots will be given in 6 weeks intervals)

Hartford office at (860) 232-9911	•	
I,in receiving venom injection therapy.	, have been made aware of all the risk	cs involved
Patient Name	Patient/Guardian Signature	Date
	Witness	 Date

Questions regarding venom treatment may be directed to our lab nurses in the West



/

Patient Name:

DOB:

Jason O. Lee, MD
Jasmine Abbosh, MD
Gavin Schwarz, MD
Hillary Hernandez-Trujillo, MD

Contact Number: (

Wei An, MD Olivia DelloStritto, PA-C Ian Gragnolati, PA-C

)

Venom Immunotherapy Financial Consent Form

Insurance plans are highly variable regarding two costs to consider. The first cost is for the solution of the	he "antigen" or "extract' pared at Ct Asthma & A	" (95165, 95146, 95147, Allergy LLC from a recipe your
Ct Asthma & Allergy recommends that you especific coverage. It is important to underst responsibility of the cost. Some Insurance phave associated deductibles, co-insurances	and your insurance covolans cover immunother	verage and know your
I acknowledge, with my signature, to my insurance company for the allerge that, if I decide not to initiate allerge made, I am still responsible for the incurred for this method of treatmen as deductibles, co-insurances, or co- that my allergen extracts will not be Asthma & Allergy LLC.	gen extracts made for neen immunotherapy after cost of the extract. I acc nt that is not covered be pepays will be my respo	me/my child. I understand r the extracts have been knowledge that any costs y my insurance carrier, such ensibility. I also acknowledge
<u>I authorize the preparation and billing of th</u>	ne allergen extract.	
Responsible Party Name (print)	Date	Special Instructions
		New Start Date: / /
		Sets Expire: / /
Responsible Party Signature	Date	Other:
	ington Ave, Ste 207 ford, CT 06119-1551	



Wei An, MD Olivia DelloStritto, PA-C Ian Gragnolati, PA-C

Shot Patient Emergency Contact Information	n Todays Date: / /	
Patient Name:	DOB:	
Address:	Phone Number:	
1st Emergency Contact:		
Relationship:		
Cell Phone:	<u> </u>	
Other Number:		
2 nd Emergency Contact:		
Relationship:		
Cell Phone:		
Other Number:		
CAAC Physician: PO	P:	
Current Medications:		