

ALLERGY, ASTHMA & SINUS CENTER P.C.

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Nitric Oxide Test

Please be aware that not all insurances cover the Nitric Oxide Test. If your insurance denies coverage, you will be charged a \$25.00 fee.

I understand and authorize Allergy, Asthma & Sinus Center to bill my insurance and I may be responsible for a \$25.00 fee if it is a non-covered service.

I acknowledge that this consent will be valid for all future Nitric Oxide testing that will be performed at the time of service.

Patient Name (printed)

Date

Patient Signature or Legal Guardian (if minor)

Health Care Provider Signature

Date