



**FAIRFIELD COUNTY ALLERGY, ASTHMA  
& IMMUNOLOGY ASSOCIATES, P.C.**  
ADULT AND PEDIATRIC ALLERGY, ASTHMA AND CLINICAL IMMUNOLOGY  
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## AUTHORIZATION FOR ALLERGY EXTRACTS FOR SUBLINGUAL IMMUNOTHERAPY (SLIT)

**Your signature indicates that you have read this statement and that it is your  
intent to go forward with Sublingual Immunotherapy.**

Name: \_\_\_\_\_ MR Account # \_\_\_\_\_ DOB \_\_\_\_\_

I agree to start or continue receiving SLIT for up to 6 months a year.

**These extracts are being mixed solely for my use and should be considered an individualized prescription based on my specific skin test results.** Billing for a 3-month supply of SLIT Allergy Extracts will occur when the first set of vials is prepared. Billing for the second set of vials will occur in 3 months. I understand that insurance companies may not cover SLIT (“uncovered service”, CPT code 95199) and that I am be personally responsible for full payment. I also understand that the cost of treatment might not be reimbursable under my FSA or HSA plan.

New or Restarting SLIT Patients: I have scheduled an appointment to receive my first dose of my new supply of extracts on \_\_\_\_\_ (date) at the \_\_\_\_\_ Norwalk/Greenwich/Stamford office.

Please allow two weeks for the preparation prior to your appointment date. We strongly recommend contacting the office a day or two prior to your appointment to confirm that your extract vials are available.

**\*We must receive this completed form and payment before we prepare and release your extract vials to take home.**

Signing acknowledges receipt of SLIT Guidelines & Information.

Print Name \_\_\_\_\_

Print Child’s Name \_\_\_\_\_ Relationship \_\_\_\_\_  
If Applicable

Signature \_\_\_\_\_  
(Parent/Guardian if minor)

Date \_\_\_\_\_

authorization for SLIT allergy extracts 1/26/2024

NORWALK OFFICE: 148 EAST AVENUE, SUITE 3G, NORWALK, CT 06851 • (203) 838-4034 • FAX (203) 853-6361  
GREENWICH OFFICE: 2½ DEARFIELD DRIVE, SUITE 201, GREENWICH, CT 06831 • (203) 838-4034 • FAX (203) 869-1056  
STAMFORD OFFICE: 80 MILL RIVER STREET, SUITE 2100, STAMFORD, CT 06902 • (203) 838-4034 • FAX (203) 357-1743  
RIDGEFIELD OFFICE: 30 PROSPECT STREET, SUITE 300, RIDGEFIELD, CT 06877 • (203) 838-4034 • FAX (203) 853-6361