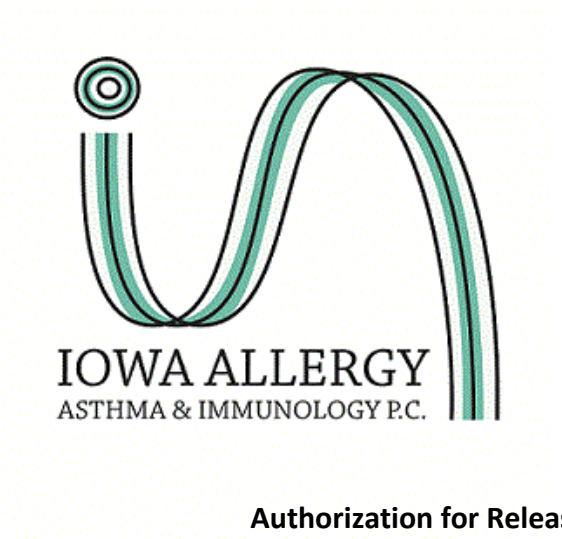

Iowa Allergy, Asthma, & Immunology P.C.

Vuong Nayima, D.O.

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West Des Moines, Iowa 50266

(P) 515-410-9400

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Authorization for Release of Information to Insurance Company

I, _____(Print Name), authorize Iowa Allergy, P.C. to release billing information which may include patient name, date and type of services, diagnoses codes, substance abuse treatment information and/or treatment plans to my insurance company for the purpose of: collecting insurance benefits and/or for authorization of additional service/sessions. I understand that my medical records may contain information regarding HIV/AIDS, Substance Abuse, mental health and/or other sensitive material that is received during the office visit. I also give permission that my insurance directly pays Iowa Allergy, P.C.

Although your insurance provider may cover all your fees, ultimately it is your responsibility to cover all your costs. Some plans require preauthorization before your first visit. It is your responsibility to obtain this authorization. It is essential that you have researched your health benefits prior to your visit. If you have not done this prior to your visit, and/or your treatment is not a payable benefit, you will be responsible for the full cash payment at the time of service. Further, if your insurance carrier determines that the services received are not medically necessary, you will be responsible for full payment of your accrued fees.

_____ _____

Patient Signature Date