

# Great Lakes Allergy - Buffalo Amherst Allergy

## Adult & Pediatric Allergy & Immunology

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## Welcome to the practice!!

*Thank you for choosing our practice for your allergy and asthma concerns. Please take the time to read over the enclosed information and follow the instructions.*

Enclosed is a patient questionnaire. Please complete and return the forms prior to your appointment (unless completed through the portal). If you have any questions or concerns about the appointment time or day, please contact our office. If you need to cancel this appointment, it is important that you contact our office at least **2 business days** before your scheduled appointment. **If you fail to do so, you will be charged a \$50 fee.** The first appointment will **run approximately 2-3 hours**, please plan accordingly.

### Preparation/What to bring:

1. Stop all antihistamines (see the attached list) **5 DAYS PRIOR** to your appointment. If you are unable to do so you will still be seen in consultation, but we may not be able to do allergy skin tests on the day of your appointment.
2. Imaging - sinus, neck, adenoid or chest x-ray reports, or CT scan reports of the sinus/chest you may have had done within the past 2 years with you to your appointment.
3. Bloodwork - Any you have had in the previous 12 months with you for your appointment with us.
4. Have any reports of prior pulmonary function testing transferred to our office.
5. Have any records from any prior allergy workup and testing transferred to our office.
6. Have any records from any other doctors who have treated this problem transferred to our office.
7. If the patient was hospitalized for this problem or treated in the emergency department, have the records transferred to our office.
8. Please bring us a list of your current medications you are taking, supplements, vitamins, and any antibiotics/steroids you have been on in the past 12 months.

**PHOTO ID AND INSURANCE CARDS WILL BE REQUIRED.** Please be sure to bring your pharmacy insurance card as well if you have one. If a minor, parent/guardian ID will be required.

This office participates with most insurance companies in the area. If your insurance is managed care insurance that requires referrals, it is your responsibility to contact your primary doctor to issue the referral at least one week before your appointment to ensure the referral is here when you arrive. **Our office will not call your doctor's office to get your referrals.**

**CO-PAYS, DEDUCTIBLES, SELF PAY:** You are responsible for all co-pays, deductibles, and co-insurance balances. Copays/deductibles are due at the time of your visit, we do not bill for these. If you are unsure of the cost, please contact your insurance company prior to your visit. There will be a **\$10 service fee** for any obligation not paid at the time of service. If you have not met your deductible, a minimum payment of ½ is due at the time of service. For self-pay, full payment will be expected and taken at the time of the visit.

Divorced/Separated parents of minor patients: the parent who consents to the treatment of a minor child is responsible for payment of services rendered.