



## Provider Attestation Statement Allergy and Immunology Therapy for Primary Care Provider (PCP)

NOTE: If requesting Provider is not an allergist, immunologist or otolaryngologist; this form should be submitted along with the Request for Treatment.

Physician's Name:			
Provider Type:			
NPI Number:			
Tax ID Number:			
Physical Address:			
Contact Number:			
Please check the following attestation statement:			
<input type="checkbox"/> I attest that I, as the Member's PCP, am an eligible physician to provide allergy and immunotherapy. <b>(Please provide evidence of training in the field of allergy testing and therapy.)</b>			
<input type="checkbox"/> I attest that my location of practice has the following equipment and staff to safely provide allergy and immunotherapy: <ul style="list-style-type: none"> <li><input type="checkbox"/> Aeroallergen and venom extract storage (4 degrees C refrigerator with alarm)</li> <li><input type="checkbox"/> 1 ml (for AIT) and 3 ml (for VIT) disposable (safety) syringes with 27 gauge 5/8 inch needles</li> <li><input type="checkbox"/> Epi-pen auto injectors – 0.3 mg for adults and 0.15 mg for children</li> <li><input type="checkbox"/> Crash cart – BLS+ level</li> <li><input type="checkbox"/> Glucagon</li> <li><input type="checkbox"/> Vital Signs monitor</li> <li><input type="checkbox"/> Oxygen administration equipment</li> <li><input type="checkbox"/> Personnel with BLS+ training</li> <li><input type="checkbox"/> Personnel trained to give shots, recognize and treat anaphylaxis</li> </ul>			
Physician Signature:		Date:	
Printed Name:			

By signing this document, I certify that the information provided herein is true, accurate and complete to the best of my knowledge. I understand that under my Provider Participation Agreement, Superior HealthPlan, and applicable Regulators including the Centers for Medicare and Medicaid Services, and the Texas Health & Human Services Commission or their Representatives, may inspect and evaluate my records related to Members and the provision of and payment for services to audit compliance with this review requirement, and other contractual requirements and Federal and State Laws or Regulations.