Allergy, Asthma & Immunology Center, P.C.
Infusion Services

www.aaicenter.net
Iftikhar Hussain, MD

Fax To: (855) 891-2191
Have a Question? Call: (855) 478-1528

SELF PAY REQUEST FORM

LOCATION (Required)			
LOCATION NAME: ______________________________			
PATIENT INFORMATION (Required)			
PATIENT NAME:		DOB:	SEX: _____MALE _____FEMALE
ADDRESS:		PHONE #:	
WEIGHT: ____ LBS ____ KG	HEIGHT:	EMAIL:	
Current Insurance:		Do you have a federal insurance, such as Medicare or Medicaid?	
Medication:			
Dosing:		Frequency:	
PHYSICIAN INFORMATION (Optional)			
Physician Name:		Office Contact Email:	
Practice Name:		Phone Number:	
Office Contact:		Fax Number:	
Additional Comments:			