



**Provider Attestation Statement**  
**Allergy Skin Testing and Immunotherapy for Non-Allergists**

Physician's Name:			
Provider Type:			
NPI Number:			
Tax ID Number:			
Physical Address:			
Contact Number:			
<p>Please check one or both of the following attestation statements which apply to you:</p> <p><input type="checkbox"/> I attest that I, as a non-allergist, am clinically trained to provide allergy skin testing and immunotherapy.  <b>(Please provide evidence of formal training, clinical experience, and subject matter expertise in the field of allergy skin testing and immunotherapy.)</b></p> <p><input type="checkbox"/> I attest that I understand allergy clinical practice guidelines recommend that I have the following equipment and staff to safely provide immunotherapy (allergy shots) to patients at my location of practice:</p> <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 and Human Services (HHS) 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.