

**BAYSIDE ALLERGY P.C.**

**447 Munson Ave  
Traverse City, MI 49686  
Phone: 231-929-9090  
Toll Free: 877-912-9090  
Fax: 231-929-9092**

- Please fill out all information and bring with you to your first appointment.
- Please arrive 10-15 minutes prior to your scheduled appointment to register. We will need to make a copy of your insurance card when you come in.
- **Remember to stop all oral allergy medications (anything with antihistamine) 4 to 5 days prior to your appointment. (this does not include Singulair)**
- Please do not stop taking any of your other prescribed medications.
- Please call our office at least 48 hours in advance if you are unable to keep your appointment.
- Our office has a \$25.00 “No Show” fee that may be incurred if you do not come for your appointment and do not call to cancel or re-schedule with at least 24 hours advance notice.
- You are responsible for your co-pays at the time of the visit, and will be responsible for any portion of the visit that is not covered by your insurance.
- **We do recommend that your check with your insurance carrier prior to your visit to see what your allergy coverage is.**
- Our billing department will be happy to work out a payment arrangement if needed.
- For the comfort of our patients with allergies and/or asthma, please refrain from wearing perfume/cologne to your appointment.

**THANK YOU! WE LOOK FORWARD TO YOUR VISIT!**