



## Hirsch Pediatrics Patient RSV Antibody (Beyfortus) Consent

**Today's Date:** \_\_\_\_\_

**Patient name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

<b>PLEASE ALERT A TEAM MEMBER BEFORE RECEIVING THE ANTIBODY INJECTION IF THERE ARE ANY "YES" ANSWERS TO THE QUESTIONS.</b>		
Does your child currently have a moderate or severe illness?	NO	YES
Did mom receive the RSV vaccine (Abrysvo) during pregnancy at 32-36 weeks and at least 2 weeks before delivery?	NO	YES
Is your child 8 months or older today?	NO	YES

**\*\* SPECIAL MESSAGE ABOUT RSV ANTIBODY COST \*\***

Though we believe that most health insurances will eventually cover the cost of the RSV antibody as an in-network benefit with possible deductible or co-pay applied), it is common for many insurances to deny and delay coverage for several weeks or months after the approval of a new medication or treatment. We will submit the insurance claim (and appeal if denied). **However, if your insurance continues to deny payment we will bill your credit card on file \$495 which covers both the antibody cost (CPT 90380 or 90381) and administration cost (CPT 96380 or 96381).**

**Parent name:** \_\_\_\_\_ **Parent signature:** \_\_\_\_\_

<b>OFFICE USE ONLY (initials) _____</b>	
Patient weight and dose today (circle one)	0 - 10 pounds = 50 mg dose 11+ pounds = 100 mg dose
CCOF verified in chart	YES / NO