



## Hirsch Pediatrics Pregnant Parent RSV Vaccine (Abrysvo) Consent

**\*\* RSV VACCINE (ABRSYVO) FOR PREGNANT ADULTS IS ONLY AVAILALBLE FROM  
HIRSCH PEDIATRICS FOR CURRENT ESTABLISHED FAMILIES OR  
NEW FAMILIES THAT ARE PRE-REGISTERED WITH HIRSCH PEDIATRICS \*\***

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

**Parent Name:** \_\_\_\_\_ **Delivery Hospital:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **OB Name:** \_\_\_\_\_

<b>PLEASE ALERT A TEAM MEMBER BEFORE RECEIVING THE RSV VACCINE IF THERE ARE ANY "NO" ANSWERS TO THE QUESTIONS.</b>		
Are you currently an established family or pre-registered (filled out new family form) with Hirsch Pediatrics?	YES	NO
Are you currently well today without any moderate or severe illness?	YES	NO
Are you currently 32 – 36 weeks pregnant and do not expect to deliver for at least 2 weeks?	YES	NO
Does your OB recommend that you receive the RSV vaccine today? (Please verify with your OB ahead of time if you are not sure.)	YES	NO

**\*\* SPECIAL MESSAGE ABOUT RSV VACCINE COST \*\***

Though we believe that most health insurances will eventually cover the cost of the RSV vaccine (Abrysvo) 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 \$345 which covers both the antibody cost (CPT 90678) and administration cost (CPT 90471 or 90460).**

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

<b>OFFICE USE ONLY (initials)</b> _____	
Parent answers reviewed	YES / NO
Current family or new family pre-registered	YES / NO
CCOF verified in chart	YES / NO