



**2024 – 2025
Hirsch Pediatrics Patient
RSV Antibody (Beyfortus) Consent**

Today's Date: _____

Patient name: _____

DOB: _____

PLEASE ALERT A TEAM MEMBER BEFORE RECEIVING THE ANTIBODY INJECTION IF THERE ARE ANY "YES" ANSWERS TO THE QUESTIONS.		
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 during September 2024 – January 2025? <i>(Note: RSV vaccine given August 2024 or earlier will not provide adequate protection through the entire 2024 – 2025 RSV season.)</i>	NO	YES
Is your child 8 months or older today?	NO	YES

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

We believe that most health insurances will continue to cover the cost of the RSV antibody as an in-network benefit (possible deductible or co-pay may apply), and 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 \$545 which covers both the antibody cost (CPT 90380 or 90381) and administration cost (CPT 96380 or 96381).**

Parent name: _____ **Parent signature:** _____

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