HARPETH PEDIATRICS

New RSV (Beyfortus) antibody treatment

1 dose of nirsevimab (Beyfortus) for all infants younger than 8 months born during or entering their first RSV season.

1 dose of nirsevimab (Beyfortus) for infants and children 8-19 months old who are at increased risk for severe RSV disease and entering their second RSV season.

Note: A different monoclonal antibody, palivizumab (Synagis), is limited to children under 24 months of age with certain conditions that place them at high risk for severe RSV disease. It must be given once a month during RSV season.

Scan this QR code for the Immunization Information Statement for Respiratory Syncytial Virus (RSV) Preventive Antibody

HARPETH PEDIATRICS

Patient Name: _____ DOB: _____

Insurance Company: _____ Provider: _____

Advance Beneficiary Notice (ABN)

Payment policies vary by payer and your contract with them. It is important to verify coverage and if possible, confirm it in writing.

Insurance plans do not guarantee payment for your healthcare costs. Insurance plans pay for "covered" services. Even if it is a covered service, it may be applied to your deductible.

The intent of this notice is to help you make an informed choice about whether you want to receive the recommended services, while knowing that you may be responsible for payment. By signing below, you agree to take full financial responsibility if your plan does not cover the below listed items or services.

**** Respiratory syncytial virus (RSV), monoclonal antibody, seasonal dose; 0.5 ml or 1 ml dosage.**

**** CPT/Billing codes are 90380, 90381 and 96380 or 96372.**

**** Charge for RSV dose is $700.00 and administration is $55.00.**

I understand the above listed services may not be covered under my insurance policy. I have been informed of the potential costs of the above services and know that I am financially responsible for all costs not paid by my insurance company.

_____ _____

Parent/Guardian Signature Date

_____

Relation to Patient: