

RSV MONOCLONAL ANTIBODY INJECTION

PAYMENT/CHARGE CONSENT

Nirsevimab (sold under the brand name Beyfortus) is an RSV preventative monoclonal antibody injection that is to be administered to your minor child. This antibody injection recently has been approved by the FDA and thus may not be included as a covered benefit under you or child's insurance plan.

I, _____ (name of parent/guardian), am the parent, guardian, conservator, or legal representative of the minor child listed below. By signing below, I acknowledge and agree that I am required to pay out-of-pocket for this injection. The cost will be in the amount of **\$650.00** (six hundred and fifty dollars and no cents). This payment must be paid in full by cash or credit card before administration of the injection. We will bill your insurance for this immunization and upon receipt of payment from your insurance, our office will reimburse you.

Name of minor receiving injection:

Name of parent/guardian:

Signature of parent or legal guardian:

Date:
