Golden Gate Pediatrics

A Medical Corporation

Date of Birth: Advance Beneficiary Notice (ABN)	
Advance Beneficiary Notice (ABN)	
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Note: You will need to make a choice about receiving this health care item/service.	
Our office is offering BEYFORTUS TM (nirsevimab-alip) injection. BEYFORTUS is a respiratory syncytial virus (RSV) F protein-directed fusion inhibitor indicated for the prevention of RSV lower respiratory tract disease in: 1.) Neonates and infants born during or entering their first RSV season at 2.) Children up to 24 months of age who remain vulnerable to severe RSV disease through their secon RSV season. Your health insurance company may not pay for the item and service described above. Insurance only pays for covered items and services.	d he
Description of Item/Service: BEYFORTUS TM (nirsevimab-alip) injection	
First RSV Season:	
Vaccine Cost per dose: \$ 550.00 Administration Fee: \$60.00	
Second RSV Season: Children Who Remain at Increased Risk for Severe RSV Disease	
Vaccine Cost per dose: \$ 1,100.00 Administration Fee: \$120.00	
The purpose of this notice is to help you make an informed choice about whether you want to receive these items or services, knowing that you might have to pay for them yourself. By signing below, you agree to take financial responsibility for the cost of the item/service. As a courtesy, we will submit a claim for the item/service to your insurance company.	
Responsible Party signature:	
Responsible Party Name (print):	
Date:	
Below to be completed by GGPeds:	
Signature of Medical Assistant before administering injection:	
Circle weight of patient: <5kg (50mg) or ≥5kgs (100 mg) or 2 nd season (200 mg (2 x 100 mg))	g))