ObGyn of East Brunswick
By Women For Women
an Axia Women's Health Care Center

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CONSENT FOR HPV VACCINE

I have been counseled by my doctor and have read the information provided by your office regarding the human papillomavirus vaccine (HPV), Gardasil. I have also received a copy of the Center for Disease Control Vaccine Information Statement (Interim) dated 2/2/07 regarding the HPV Vaccine. I am aware that a series of three injections are needed. Ideally, two months after the 1st dose is given, the 2nd dose is administered. The 3rd dose is due six months after the first dose. If for any reason the 2nd dose is given late, the 3rd dose must be at least 4 months after the 2nd dose but no more than one year after the 1st dose. At this time studies show the vaccine is good for women between the ages of 9 through 26 years and is good for at least four years. The FDA is doing yearly studies with regard to the necessity of a booster after four years.

It is my responsibility to schedule the visits for the series of three injections. The manufacturer advises that I rest in the waiting room for 15 minutes after each injection in the event I develop a reaction to the vaccine. It is my responsibility not to immediately leave and rest the recommended 15 minutes. During this time I will notify the front desk if I feel I am having a reaction to the vaccine. Discomfort at the injection site is normal.

The cost for each dose of the vaccine is $175.00. The office will file a claim for reimbursement of the Gardasil vaccine and office visit. If my insurance does not cover the full cost of the injection or the office visit, I will be responsible accordingly. I understand if I am over the age of 26, at any time during the 3 injection series, my insurance will not cover the cost of the vaccine.

The doctor will administer the injection during a limited office visit (99212) during which the risks, benefits and possible side effects are discussed and noted. I understand I will be charged a co-pay for the office visit and my insurance will be billed for the visit and the vaccine. I understand some insurance policies limit the number of "well" or "preventative" visits. If I exceed the maximum number of visits allowed, I understand I will be responsible for the full cost of the visit, $65.00. If my insurance denies payment of the 1st injection and/or office visit, I understand I will have to pay for the 1st injection and visit before the 2nd injection is given. I further understand if any injection is denied by insurance, payment of each subsequent injection and visit is due at the time of service.

The total cost of the HPV series, including three limited office visits (99212), is $720.00. I understand if my insurance denies any or all of the charges, for whatever reason, this is the amount I could be held responsible for.

If there is a nurse available to give me the injection and I do not see the doctor, I will not be charged a co-pay, but my insurance will be billed a $25.00 administration fee plus the cost of the vaccine.

PLEASE PRINT NAME LEGIBLY

X ____ ____
Patient's signature Date

Date of 1st injection: _______________________ Second injection is due: ________________________
Third injection is due: _______________________

Date 2nd injection given ____________________ Date 3rd injection given ______________________