



## **PATIENT FINANCIAL RESPONSIBILITY FOR INJECTAFER INFUSIONS**

Northwest Gastroenterology's *Patient Care Agreement* outlines patient financial responsibilities, including responsibility for the financial costs of INJECTAFER infusion. You should have already received a copy of the *Patient Care Agreement* to review and sign. The *Patient Care Agreement* is online at [www.nwgastro.com/patient-information/financial-policy](http://www.nwgastro.com/patient-information/financial-policy). As noted in the *Patient Care Agreement*, 24-hour notice to cancel/reschedule an infusion is required to avoid a \$25 fee.

Our office will request prior authorization for INJECTAFER from your insurance company, which may take days to weeks depending on your insurance company. We will contact you when authorization has been obtained, at which point you can schedule your infusions. You are encouraged to contact your insurance company with any questions regarding your coverage.

**Northwest Gastroenterology does NOT guarantee insurance coverage for INJECTAFER infusion. You are personally responsible for any infusion expenses not covered by insurance.**

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Patient Signature

Date

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Printed Name