



PATIENT FINANCIAL RESPONSIBILITY FOR INFLIXIMAB (REMICADE/INFLECTRA) INFUSIONS

The financial costs of Infliximab (Remicade/Inflectra) infusion are covered by Northwest Gastroenterology's *Patient Care Agreement*, which outlines patient financial responsibilities. 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. As noted in the *Patient Care Agreement*, 24-hr notice to cancel/reschedule an infusion is required to avoid a \$25 fee.

Our office will request prior authorization for Infliximab (Remicade/Inflectra) from your insurance company, which may take from 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.

We strongly encourage all patients receiving Remicade to apply for the **RemiStart** patient assistance program offered through the manufacturer of Remicade and all patients receiving Inflectra to apply for the **enCompass** patient assistance program through the manufacturer of Inflectra. **RemiStart** information is available through our office or online at www.remicade.com/crohns-disease/cost-support. **enCompass** information is available through our office or online at www.pfizerencompass.com/patient/inflectra/right-patient-support.

Northwest Gastroenterology does NOT guarantee insurance, RemiStart, enCompass coverage for Infliximab (Remicade/Inflectra) infusion. You are personally responsible for any infusion expenses not covered by insurance, RemiStart, or enCompass.

Patient Signature

Date

Printed Name