

CareIG Specialty Pharmacy

Patient Consent for Home Infusion Services

1. Consent to Treatment

I authorize CareIG Specialty Pharmacy and its designated healthcare professionals to administer intravenous or subcutaneous immunoglobulin (IVIG/SCIG) infusion therapy as prescribed by my physician. I understand that a licensed nurse will perform the infusion at my home or designated location.

2. Risks and Benefits

I have been informed of the potential risks associated with immunoglobulin infusion therapy, including but not limited to: headache, fever, chills, nausea, fatigue, injection site reactions, and in rare cases, anaphylaxis or thromboembolic events. I understand the expected benefits of treatment for my diagnosed condition.

3. Insurance and Financial Responsibility

I authorize CareIG Specialty Pharmacy to verify my insurance benefits and submit claims on my behalf. I understand that I am responsible for any deductibles, coinsurance, copayments, or non-covered charges as determined by my insurance plan. CareIG will provide an estimated out-of-pocket cost before treatment begins.

4. Release of Medical Information

I authorize the release of my medical information to my insurance company, referring physician, and CareIG staff as necessary for treatment coordination, claims processing, and prior authorization.

5. Right to Revoke

I understand that I may revoke this consent at any time by providing written notice to CareIG Specialty Pharmacy. Revocation will not affect actions taken prior to receipt of the written notice.

Patient Name (Print)

Date

Patient Signature

Date

Legal Guardian (if applicable)

Date