



Nexplanon Contraceptive Implant Financial Agreement

I, _____, understand that the Nexplanon contraceptive implant
(patient name)
and insertion procedure may not be covered by my health insurer. Allegro Pediatrics will attempt to receive a prior authorization from the health insurer on my behalf. Regardless of the outcome of the prior authorization, I agree to be financially responsible for any cost of the implant and insertion procedure that is not covered by my health insurance. The current cost of the implant and insertion procedure is \$1,100. The implant must be removed at a future date and the current cost of that removal is \$325.

By my signature below, I agree to the above statement of financial liability:

Patient Name

Patient Date of Birth

Signature of patient or parent/guardian if patient is under 18

Printed Name of Person Signing

Date

Relationship to Patient