

TELEHEALTH POLICY

Due to the ending of the COVID pandemic emergency per insurance the waivers that have allowed telehealth overall will be ending soon. Some polices will continue to cover this service; however, it is the **patient's responsibility** to know what services are covered under your insurance policy. We will try to verify your benefits to the best of our ability, but we do often receive inaccurate information from health plans regarding benefits. We will continue to provide telehealth services but that **DOES NOT** mean your insurance will pay for the service. By signing this document, you are acknowledging understanding and agree that:

1. Even though you are told by your insurance company that telehealth is covered your insurance could deny the telehealth service and you will be charged the full amount per visit of \$152.00.
2. Any denied charge for telehealth visits as not a covered service is your responsibility to contact your insurance company for dispute and will not be disputed by our office or rebilled as an in office visit so that it is covered.
3. Any telehealth visit that is denied as not a covered service will result in an immediate charge to your credit card on file for the balance due up to \$152.00. Previous co-pay or coinsurance payments made for that date of service will be deducted from total of \$152.00 prior to running payment.

*** Please Note: We are not associated with and are not providers for Teladoc, Healthiest You, or any other telehealth platform. Those services are only covered if you log into their portals and see their physicians via those portals. Please do not confuse that benefit with being able to see your personal physicians via telehealth as they will be denied.

PATIENT NAME: _____ DATE OF BIRTH _____

NAME: _____ RELATIONSHIP TO PATIENT: _____

SIGNATURE: _____ DATE: _____
(Ink signature only- digital signature not accepted to complete request) (Must be dated to complete request)