

Optima Behavioral Health, Inc.

Telemedicine Agreement

Patient Name:	Date of Birth:
Provider Name: <input type="checkbox"/> Steven R Schneir, MD, FAPA <input type="checkbox"/> Connie K Hirsh, MD <input type="checkbox"/> Jennifer Hughes, CNP <input type="checkbox"/> Michael Tichy, CNP <input type="checkbox"/> Nancy Palnik, CNP <input type="checkbox"/> Mary Abbott, CNP <input type="checkbox"/> Richelle Sheets, CNP <input type="checkbox"/>	

Please review this document regarding telemedicine services from Optima Behavioral Health, Inc. (OBH) and its associated providers. In accordance with the rules and regulations established by the State of Ohio Medical and Nursing Board, OBH is required to highlight the following stipulations:

1. Telemedicine sessions will be conducted via a web portal. You are responsible for informing your OBH provider with all the necessary information to establish this connection.
2. All telemedicine session times will be for **30** minutes in duration.
3. Payment is expected **before** or **at** the time of your session.
4. During the COVID-19 (Corona virus) crisis, all insurance plans have agreed to cover services.
5. This service is only available while insurance companies are paying for this type of visit and will cease after that point. Please check with your insurance company for additional questions on cost/coverage and availability.

Questions or concerns may be directed to Dawn Schneir, Business Manager, at (614) 759-5075

I have read and agree to the above terms for telemedicine services in full.

Patient or Personal Representative Signature:	Date:
Name of Personal Representative (printed):	

Optima Behavioral Health, Inc.

www.optimabh.com

81 Outerbelt Street P: (614) 759-5075
Columbus, Ohio 43213 F: (614) 591-4480