

**Telemedicine at Aspen Park Pediatrics, PC**

Agreement for patients, parents, guardians

We are offering telemedicine services. Please review and sign the following agreement if you choose to participate in this program.

- 1) Telemedicine is appropriate for selected conditions that do not require a complete physical exam, such as some (but not all) mental health conditions, behavioral disorders, sleep disorders, developmental concerns, medication rechecks, asthma follow-up without acute or active symptoms, fitness and nutrition consults with a recent BMI measurement and dermatologic disorders. These are examples, not an inclusive list.
- 2) Telemedicine services specifically exclude any condition which requires a physical exam, such as ear pain, sore throat, fevers, acute respiratory conditions, other acute illnesses and well care.
- 3) As a rule, antibiotics will not be prescribed with telemedicine.
- 4) If an exam is indicated as a part of the telemedicine consultation, for the same condition, this will be scheduled at the office as part of the visit (no additional charges). Families must comply with the recommended exam as a part of this agreement.
- 5) Visits will be billed to insurance at the same rates as they would be billed for visits at the office.
- 6) The patient must be present for the visit.
- 7) Face time will be used for the visit.
- 8) An appointment time is scheduled through the main number, as for an office visit. The provider will call the patient with face time.
- 9) This is a service for our established patients, with verified insurance or self-pay agreement

Parent, guardian or patient signature: \_\_\_\_\_

Printed name and relationship to patient: \_\_\_\_\_

Patient Name (s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_