



Video Visit Consent Form – Medicare Patients

Patient Name: _____ DOB: _____

By signing below I hereby consent to engaging in a Video Visit, (also known as a Telehealth Visit) with Family Health Center as part of my medical care. I understand that "Video Visit/Telehealth" includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. I also understand that it involves the communication of my medical/mental information, both orally and visually.

I understand the following with respect to Telehealth:

1. My health care provider has explained to me how the Video Visit technology will be used and that it will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as my health care provider.
2. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my health care provider or I can discontinue the Video Visit if it is felt that the video conferencing connections are not adequate for the situation.
3. I understand that the laws that protect the confidentiality of my medical information also apply to Video Visits. (Please see our office privacy policy for more information, available at www.fhcsandpoint.com).
4. I understand that I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
5. I understand that I have a right to access my medical information and copies of medical records in accordance with state law.
6. I understand that my healthcare provider is licensed to practice medicine in the state of Idaho.
7. I understand that I must be an established patient of Family Health Center and that Video Visit services are not currently available to new patients.
8. I understand that Video Visit services are not a covered benefit by Medicare and that I am responsible for the cost of the Video Visit.
9. I have been made aware of Family Health Center's financial policy regarding Video Visit. (Available for review in the office or at www.fhcsandpoint.com).
10. I understand that if at any time during the Video Visit we are disconnected or the connectivity is insufficient to finish the visit that I will contact Family Health Center at 208-263-1435 to schedule an in person visit with my provider.
11. I understand that this consent is good for 1 year from the date it is signed, unless revoked in writing.

By signing this form, I certify:

- That I have read or had this form read or explained to me.
- That I fully understand its contents including the risks and benefits of the Video Visit.
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Patients / Parent/ Guardian Signature

Date

606 N. Third Ave., Ste. 101
Sandpoint, ID 83864

Tel. 208.263.1435
Fax 208.263.4580



Scott R Dunn, MD
Dan Meulenberg, MD
Jeremy Waters, MD
Kara Waters, DO
Jane Hoover, NP

Patient Name:

DOB:

Encounter Number:

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for A. _____ below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the A. _____ below.

A.	Description	Reason Medicare May Not Pay:	Estimated Cost
	Telehealth/Video Visit	Never a covered benefit	\$58.00/visit

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the A. _____ listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

OPTIONS: Check only one box. We cannot choose a box for you.

OPTION 1. I want the A. _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

OPTION 2. I want the A. _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

OPTION 3. I don't want the A. _____ listed above. I understand with this choice I am **not responsible for payment, and I cannot appeal to see if Medicare would pay.**

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

Signature:	Date:
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.



Family Health Center Video Visit Financial Policy

10-29-18

Cash price for a video visit is \$58.00. If paid at the time of service we will offer a 15% discount.

For patients who have Medicaid we will bill your insurance and it will be billed at a regular office visit rate.

For patients who have Medicare or a Medicare Advantage plan - Video visits are not currently available unless the patient is willing to sign an ABN and consent form and they understand that they will be responsible for the cost of the visit.

For patients who have other commercial insurance - Please check with your insurance company to see if a Video Visit (telehealth visit) is a covered benefit. We will gladly bill your insurance but at this time most insurance companies are not paying for video visits and you may find that the visit will be denied as patient responsibility and you will be responsible for the entire \$58.00 charge. You do have the option to pay cash for the visit and not have us bill your insurance.

If you have any questions please contact our billing department prior to your appointment. We are here to help!