

Telephonic and Electronic Health Insurance Billing Waiver

Regarding the COVID-19 pandemic, most insurance companies are permitting more lenient guidelines concerning Telephonic and Electronic (Telehealth) visits. In an effort to flatten the COVID-19 curve we are expanding our practice to include these types of visits via Telephone and/or FaceTime.

Please be advised, we will bill your provided insurance company with Telehealth appropriate coding, however, by signing this waiver you acknowledge and understand that this is not a guarantee of payment by your insurance company and if your insurance company denies your Telephone or Facetime visit for any reason, you will be responsible for a \$100.00 flat fee at the time of service as explained in St. Francis Health Center Financial Policies, which is available under New Patient, Medical History and Patient Forms portion of our website: stfrancishealthcenter.org.

I hereby acknowledge the receipt of this waiver, and send this letter of acknowledgement of my understanding of the information indicated on this waiver.

Signed (printed name): _____

Signature: _____ Date: _____