

TELEMEDICINE ADVANCED BENEFICIARY NOTICE

ADVANCED BENEFICIARY NOTICE

Telmedicine visits may **NOT** be covered by your insurance carrier or the charges will be applied to your deductible. The purpose of this list is to help you make an informed choice about whether or not you choose for your child(ren) to receive certain services. The fact that your insurance carrier does not cover a service does not mean that you should not receive that service, it just means that you have a choice as to whether your child(ren) receives it or not. If you choose to receive one of these services in the office and it is later denied by your insurance carrier, you will be financially responsible for the balance on your account.

As of March 16, 2020, telemedicine visits will be billed like in-office visits with modifiers that designate it was a telemedicine visit. Applicable co-pays and deductibles will apply exactly as if you came in to the office for a visit. These codes without the modifier are:

99212
99213
99214

In addition, you will be billed as you typically would be for any additional testing or procedures if those are needed.

If services are DENIED, then you will be billed for services with a maximum out of pocket of \$50. If services are applied towards your DEDUCTIBLE and it is more than the maximum out of pocket for denied services, you may pay the maximum out of pocket for denied services (\$50), but this will not be billed through insurance.

PAYMENT IS DUE AT TIME OF SCHEDULING.

As long as this advanced beneficiary notice has not been revoked by me, it remains in effect.

By signing below, I represent and certify that I have the legal authority to agree to the terms above on behalf of the minor patient.

Signature of Parent or Guardian: _____

Name of Parent or Guardian: _____

Name of Minor/Child: _____

Date Signed: _____