



AUTHORIZATION AND CONSENT TO PARTICIPATE IN TELEHEALTH /VIRTUAL SERVICES (Telemedicine, Telephone, Patient Portal)

Financial Policy:

- For all commercial insurance - payment is due at the time of service.
- All charges will become the patient's financial responsibility if your insurance carrier has not paid within 30 days.

****** THIS SHOULD BE SIGNED BY THE PERSON RESPONSIBLE FOR PAYMENT******

X _____	X _____	X _____
SIGNATURE	PRINTED NAME	Date

MEDICARE PATIENTS: As per State of Florida declaration of State of Emergency and the **EXPANSION OF TELEHEALTH WITH 1135 WAIVER** initiated by the Federal Government as follows: Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020. As such Medicare/Medicare Advantage members will be covered according to Medicare guidelines.

AUTHORIZATION AND CONSENT TO PARTICIPATE IN TELEMEDICINE/VIRTUAL SERVICES.

I authorize my healthcare provider to perform medical evaluation and medical management via interactive audio, video or written communications through telemedicine, telephone, or patient portal communications.

_____	X _____	X _____
SIGNATURE	PRINT NAME	DATE

Please mail or fax this form back to us.