

Telemedicine (Virtual Visit) Services for Private Insurance

BalanceMD has chosen a HIPAA and HITECH compliant company, doxy.me, to provide telemedicine services. Telemedicine allows you to see Dr. Sanders without actually coming into the office. **Because not all private insurance plans cover virtual visits, you are responsible for contacting your insurance company (please refer to the phone number on your card) to find out if the following codes for “live synchronous video visits” are covered under your specific plan.**

- **Follow-up visit codes 99212, 99213 or 99214 with either a “GT” or “95” modifier**

If you do not have insurance or you have insurance that we do not accept or if this service is not covered under your insurance plan, you may still choose to proceed with the virtual visit for a fee of \$128.

In order to use this telemedicine service, you must have at least one of the following:

- A computer *with a video camera* using Firefox, Safari or Google Chrome browser
- An iOS device (iPhone, iPad, etc) using Safari
- An Android device using Google Chrome

Prior to your Virtual Visit, please be certain that BalanceMD has your up-to-date insurance card and contact information. You will be given an appointment time at which your appointment is to begin.

Prior to your first virtual visit, please go to the following link to see how doxy.me works:

<https://www.youtube.com/watch?v=yJf9N9sjDLI>

Then, a few minutes before your virtual appointment time, please log on to:

<https://doxy.me/balancemd> OR go to our website “www.BalanceMD.net”, click on the orange “Virtual Visit Links” box at the top of any page of our website OR click on the “Patient Information” tab and scroll down to the bottom left where there is a also a link with Dr. Sanders’ photo to click on “Enter Waiting Room” to open the telemedicine (virtual) visit.

When asked “would you like to share your camera and microphone with doxy.me?”, please select the appropriate camera and microphone, then click on “share selected devices”. A “Welcome” window will open. Simply type your name and click on the “Check in” box. This will place you in BalanceMD’s virtual waiting room and alert Dr. Sanders that you are ready for your telemedicine (virtual) visit.

If communications fail for any reason, please contact our office to arrange an alternative appointment time. As mandated by your health insurance company, you will be contacted the day of your telemedicine (virtual) visit to collect any co-pay or payment due.

We cannot proceed with your telemedicine (virtual) visit until the following are completed:

- **Review, then sign and date the informed consent form at the bottom.**
- **Review the ABN form, write your name at the top (B.), fill in the name of your insurance company and ID number, select Option 1 or Option 2, then sign and enter the date signed and appointment date (date of service) at the bottom.**
- **Return to BalanceMD:**
 - **signed informed consent form**
 - **signed ABN**
 - **copy (front and back) of your insurance card (if we don’t already have it)**

You may either snail mail, scan and email to info@BalanceMD.net or fax these documents to (765) 807-7101 or (317) 218-3597 prior to your first telemedicine visit. The consent form will only need to be signed once, but the ABN form will need to be signed prior to every telemedicine (virtual) visit.



Informed Consent for Telemedicine (Virtual Visit) Services

I understand that telemedicine is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider. I hereby consent to Dr. Scott Sanders providing health care services to me via telemedicine.

I understand that Dr. Scott Sanders will be unable to perform a physical examination which may affect his ability to specifically diagnose and/or treat my condition.

I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine and that my insurance carrier will have access to my medical records for quality review/audit.

I understand that if it is determined during my virtual visit that my medical condition requires an in-person visit, I will make arrangements to schedule an in-office visit.

I understand that I will be responsible for any copayments or coinsurances that apply to my telemedicine visit. I understand that I am responsible for contacting my insurance company to find out if codes 99212, 99213, 99214 with either a "GT" or "95" modifier for "live synchronous video visits" are covered under my specific plan. If my insurance plan denies payment for my virtual visit for any reason, or if I choose to proceed with the virtual visit knowing that it is not covered under my plan, I understand that I will owe \$128.

I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment. I may revoke my consent orally or in writing at any time by contacting BalanceMD at (888) 888-3499. As long as this consent is in force, Dr. Scott Sanders may provide health care services to me via telemedicine without the need for me to sign another consent form.

I understand that delays in evaluation and treatment could occur due to deficiencies or failures of equipment and if communications fails during my virtual visit, I understand that I will need to contact BalanceMD to arrange an alternative appointment time.

I understand that reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with telemedicine visits, but in very rare instances, security protocols could fail, causing a breach of privacy of personal medical information.

In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other judgement errors.

I authorize Dr. Scott Sanders to use telemedicine in the course of my diagnosis and treatment.

Printed Name

Signature

Date _____

A. Notifier: BalanceMD

Insurance Company: _____

B. Patient Name: _____

C. Identification Number: _____

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If your insurance company doesn't pay for D. Virtual Visit below, you may have to pay. Although there is a state law in Indiana requiring health insurance companies to cover Telemedicine (virtual visits), some plans are excluded and may not pay for the D. Virtual Visit below.

| D. | E. Reason Insurance May Not Pay: | F. Cost |
|--|--|----------|
| Telemedicine, aka Virtual Visit, for Follow-up | Your insurance company may not cover this visit type | \$128.00 |

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 D. Virtual Visit listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but we are not required to do this.

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

- OPTION 1.** I want the D. Virtual Visit listed above. You may ask to be paid now, but I also want my insurance company billed for an official decision on payment, which is sent to me on an explanation of benefits (EOB). I understand that if my insurance company doesn't pay, I am responsible for payment, but **I can appeal to my insurance company** by following the directions on the EOB. If my insurance company does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the D. Virtual Visit listed above, but do not bill my insurance company. You may ask to be paid now as I am responsible for payment. **I cannot appeal if my insurance company is not billed.**
- OPTION 3.** I don't want the D. Virtual Visit listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if my insurance company would pay.**

H. Additional Information:

This notice gives our opinion, not an official insurance company decision. If you have other questions on this notice or billing, call the customer service number on your insurance card. Signing below means that you have received and understand this notice. You may ask to receive a copy.

I. Signature:

J. Date Signed:

K. Date of Service:

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice).

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.