Lisa M. Jukes, M.D., P.A.

COVID-19 (CORONAVIRUS) AND TELEMEDICINE CONSENT

Patient Name: _____ **Date of Birth:** _____

To accommodate patients who are unable or do not wish to come in to our office due to current concerns regarding COVID-19 (coronavirus), we are temporarily offering telemedicine visits for certain appointments. Telemedicine visits will primarily be conducted via doxy.me or the Healow app that is used for our patient portal. For Healow visits, please make sure that you download the app to your phone and have access to your patient portal before your scheduled visit. Doxy.me does not require an app, only a web browser. We may be temporarily conducting visits via FaceTime, Skype, or phone if the doxy.me or Healow programs are unavailable. Please note that FaceTime and other such applications may not be HIPAA compliant, but that the U.S. Department of Health & Human Services is temporarily allowing us to use these platforms to conduct telemedicine visits because of the COVID-19 national emergency. If you do not have access to any of these programs, please let us know in advance so that we can make other arrangements. Please note that your provider may not be able to diagnose or treat your condition over the phone and will determine during the visit whether or not you will need to come into the office for further evaluation or treatment.

Coverage for telemedicine visits varies widely with insurance companies. While many commercial insurance companies are temporarily expanding their coverage of telemedicine services during the COVID-19 pandemic, we cannot guarantee coverage for these visits. We will make every effort to check benefits as a courtesy, as we do with all of our appointments, and collect at the time of service. However, the current situation is ever-changing and patients will be responsible for payment for any services which are ultimately not covered by insurance.

By signing below, you are indicating that you understand that the telemedicine you will receive may not be covered by your insurance and that you may be billed for any balance once the claim is processed by your insurance company. You also understand that we may not be able to diagnose or treat all conditions over the phone and may require that you come to the office for an in-person visit. Additional charges may be incurred for those appointments.

Patient Signature: _____ **Date:** _____

Please provide payment information as indicated below. This payment information will be used one time only for payment of the telemedicine visit on the date indicated below.

Credit card #:_____ Exp. Date: _____ CVC: _____

Name of Card Holder:_____ Signature of Card Holder:_____

Billing Address:_____

Patient Signature: _____ **Date of Telemedicine Visit:** _____