

Osteopathic Healthcare of Maine

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2021 ESTABLISHED PATIENT TELEMEDICINE & PHONE CONSULTS WAIVER

Patient's Name:
Rendering Physician:
Email:

Patient's DOB:
Today's Date:
Phone:

We will continue to offer telemedicine visits in place of an office visit. Medicare, and most other insurances, have agreed to cover this the same way as an in-person office visit. The purpose of this notice is to help you make an informed choice about whether or not you want to schedule a telemedicine or phone visit with your provider. At present, phone consultations are not in the same category as telemedicine and may not be covered.

We will submit the telemedicine or phone consultation to your insurance plan. If this is a covered service, your responsibility will be the same as an office visit. If it is determined to be a "non-covered service," your responsibility will be between \$95 to \$130, depending on the appointments' length and/or complexity.

I acknowledge that my health insurance plan may not cover a telemedicine or phone consultation. I have chosen to schedule this consultation and understand that I will be financially responsible for the charges not covered by my plan, as indicated above.

Patient Signature _____

Name of Parent or Legal Guardian (if applicable) _____

Signature of Parent or Legal Guardian (if applicable) _____

This form must be signed by the patient or legal guardian PRIOR to the scheduled phone or telemedicine consultation and *must be maintained in the patient's medical record.*

Please mail or email the signed form back to us.

Thank you