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Advanced Beneficiary Notice of Non-Coverage

Telemedicine Consent

You have chosen to receive care through the use of telemedicine. Telemedicine enables healthcare providers at different locations to provide safe, effective, and convenient care through the use of technology. As with any health care service, there are risks associated with the use of telemedicine, including equipment failure, poor image resolution, and information security issues. Doxy.me is a HIPAA compliant platform and all data is encrypted, your sessions are anonymous, and none of your information is stored.

This visit will be billed to your insurance; it may be applied to your annual deductible and rarely insurance may not cover. If your insurance company does not cover for Telemedicine, you will be responsible for payment of \$50.

I understand the risk and benefits of telemedicine as explained? Yes_____ No_____

Do you consent to the use of telemedicine for your medical care? Yes_____ No_____

Patient Name

Patient DOB

Parent Name if Applicable

Signature

Date