



CONSENT TO USE TELEMEDICINE

My primary residence is in California. At the beginning of each telemedicine session, I will help my doctor to complete a check-in to assess the suitability of using telemedicine services by verifying my full name, my current location, my readiness to proceed, and whether I am in a situation conducive to private, uninterrupted communication. By signing this consent, I understand and agree:

1. My doctor is located in and licensed by the State of California. My doctor may not be able to prescribe medications for me and/or may not be able to assist me in an emergency situation when I am located in any other state or country. If I require medication, I may contact my doctor. If I require emergency care, I may call 911 or proceed to the nearest hospital emergency room for help.
2. I submit to the exclusive jurisdiction of the California state superior courts and agree that any claim, lawsuit, or other legal proceeding arising out of or relating to the telemedicine services provided by my doctor and my doctor's staff will be brought solely and exclusively in California state superior courts. I also agree that the interpretation of this consent will be exclusively governed by and constructed in accordance with the laws of California.
3. My doctor believes that telemedicine services are appropriate for my medical condition and that I would benefit from its use despite its risks and limitations. While I may expect anticipated benefits from the use of telemedicine, no specific results can be guaranteed or assured.
4. If my doctor believes at any time that another form of services (for example, a traditional in-person consultation) would be appropriate, my doctor may discontinue telemedicine services and schedule an in-person consultation with my doctor or refer me to a healthcare provider in my area who can provide such services.
5. I have the right to withdraw consent to the use of telemedicine services at any time and receive in person healthcare services with my doctors.
6. I received an explanation of how the electronic communications technology will be used for the telemedicine services. I am comfortable with using electronic communications technology to communicate with my doctor and understand there are limitations to the technology which may require an in-person consultation.
7. I agree to have the necessary computer, equipment and internet access for my telemedicine communications. I also agree to arrange for a location with sufficient lighting and privacy and is free from distractions and intrusions during my telemedicine communications.



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8. The laws that protect privacy and the confidentiality of my medical information also apply to telemedicine. The medical information that is transmitted electronically by my doctor to me will be encrypted during transmission and will be stored only by my doctor or a service provider selected by my doctor. I understand the dissemination of any personally-identifiable images or information from the telemedicine communication to researchers or other healthcare providers will not occur except as required by federal or California state law.
9. I understand my risks of a privacy violation increase substantially when I enter information on a public access computer, use a computer that is on a shared network, allow a computer to “auto remember” usernames and passwords, or use my work computer for personal communications. I also understand it is my responsibility to encrypt medical information I transmit electronically to my doctor and my failure to use technical safeguards, such as encryption, increases my risks of a privacy violation.
10. I have the right to access my medical information and obtain copies of my medical records in accordance with California law.
11. I understand that the telemedicine services provided to me will be billed to my health insurance company and that I will be billed for any patient responsibility as per my insurance.

I read and understand the information provided in this Consent to Use of Telemedicine. I discussed any questions I had with my doctor and all of my questions were answered to my satisfaction.

Patient's Printed Name

Patient's Signature

Date



INSURANCE POLICIES

Thank you for choosing Palos Verdes Medical Group. This notice is to inform you of our insurance policies.

We do not verify your insurance coverage prior to you receiving services at our office. It is your responsibility to make sure that we are in network for your plan. We recommend that you call your insurance company to verify that both telemedicine and COVID-19 testing are a covered benefit. You will need to check what your share of cost or copayment may be. You can find this information by calling the member service phone number on your insurance card or checking the insurance plan website. If you have an HMO, you must have Optum Healthcare South Bay or Little Company of Mary (also known as HealthCare Partners South Bay or Little Company of Mary) as your IPA or medical group to be considered in network with Palos Verdes Medical Group.

To find out if we are in network for your plan, our billing physician information is as follows:

Lawrence D. Sher, M.D. NPI#1912923913

You will want to make sure Dr. Sher is a contracted in network provider for your plan.

To verify if telemedicine is covered, you will need to ask your insurance company if the following service is covered under your plan: ***Telemedicine: Code 99203- modifier 95- place of service 02***

We send all COVID-19 virus tests out to a lab to be tested. You will receive a bill directly from the lab. Our office will charge you a minimal fee for an office visit on the day you come to the drive through to receive the COVID-19 test. ***Minimal Office Visit: Code 99211-no modifier-place of service 11***

If you choose to have antibody testing, please note that we are not billing antibody tests to your insurance unless you have Medicare. **You will need to pay the fee for this test at the time of service.** The finger prick antibody test is \$50.00 and the ELISA antibody test (blood draw) is \$25.00 plus a lab fee.

If you are out of network, if these services are not covered by your insurance, or if you do not have insurance coverage at all, the following fees will be collected at the drive through COVID-19 testing site:

- Telehealth Service: \$100.00
- COVID-19 Swab Service: \$25.00 (you will receive a separate bill from the lab for approx. \$80.00)
- Antibody Test – finger prick (if you choose to have this test): \$50.00
- Antibody Test - ELISA blood draw (if you choose to have this test): \$25.00 (plus lab fee – you will receive a separate bill from the lab for this)

I read, understand and accept the information provided in this Health Insurance Policy.

Patient's Signature

Date