



Telemedicine Financial Agreement

Assignment and Release:

- I give my permission and consent for treatment.
- I hereby assign my insurance benefits to be paid directly to the physician.
- I understand that I am financially responsible for all non-covered services, copays, deductibles and/or coinsurance. I authorize and give consent for my provider to retain my credit card on file and process the payment directly for recommended services performed that are not covered under the terms of my health plan.
- I authorize the provider, designated representative, or automated robot to contact me by home/cellular telephone about appointments, billing, and medical care.
- I authorize the physician to release any medical information required to process this claim.
- I acknowledge that I have viewed and been offered a copy of the Notice of Privacy Practices.
- I acknowledge that a fee for no shows may apply.