

March 9, 2026

Quality Internal Medicine PLLC and Oasis Internal Medicine PLLC- Telemedicine Patient Contract

Patient Name: \_\_\_\_\_ (Last, First) Date of Birth: \_\_\_/\_\_\_/\_\_\_ (Mo/Day/Yr)

Quality Internal Medicine PLLC (QIM) and Oasis Internal Medicine PLLC (OIM) provides telemedicine in the form of real time interactive audio-visual telehealth visits. We are providing this using a HIPAA compliant application called doximity which requires the use of a PC/laptop/tablet/smart cell phone with audio-visual (video camera) capability. If a patient does not have an audio-visual compatible device, we can do telephone appointment as an alternative.

Protocol for Telemedicine:

1. Medically appropriate appointments will be made at the discretion of the physician
2. For Telephone Appointments, a patient must have been seen in person at least once by a physician in the practice.
3. For Video Appointments, a patient may be new to the practice at the discretion of the physician
4. Telemedicine is not guaranteed to be reimbursed by insurance.

Scheduling for Telemedicine visits requires:

- a. Completing the following forms (which are available on our website)
    - i. An updated registration form for the year
    - ii. An up-to date HIPPA form
    - iii. This signed Telemedicine Patient Contract
  - b. Forms must be in the patient's file by close of business the business day preceding the appointment
5. The cost of a Telehealth real time audio-visual appointment is based on the complexity and duration of the appointment and is billed based on standard office visit guidelines as dictated by medical care coding standards. Scheduling of these visits involves:
    - a. The patient being contacted by phone about 15 minutes prior to a scheduled appointment by a medical assistant
    - b. The patient's (or responsible party's) credit card information will be obtained
    - c. The patient will be given instructions and/or link to enter on their compatible device to initiate the video telehealth visit.
    - d. At the end of the visit, the patient will be transferred back to or be called back by the MA in order to
      - i. Schedule a follow-up appointment if necessary
      - ii. Notify of the charge for the visit (credit card information will be properly destroyed)
      - iii. Make arrangements for a copy of the super bill and credit card receipt to be sent to the patient

I, the above-named patient, understand and agree with the terms of this contract.

Signature of Patient/Guardian: \_\_\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_ (M/D/Y)