

Advance Beneficiary Notice

I understand that my insurance company may not cover telemedicine visits, and agree that I will be responsible for the cost of the visit in the event they do not cover. The cost of the visit should be as low as \$80 and no higher than \$120.

Most insurance companies have agreed to pay for these visits during this National Emergency; however, some self-funded plans on others may not cover this visit.

Patient Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_