



MIDTOWN PHYSICAL THERAPY, PLLC
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Virtual Services Consent Form for OON/Private Patients

I _____ hereby consent to engaging in virtual services with Riverdale Midtown Physical Therapy as part of my physical therapy treatment. I understand that “telehealth” includes the practice of healthcare delivery, assessment, consultation, treatment, transfer of medical data and physical neuromuscular education using audio, video or data communications.

The telehealth platform may require that I download an application and/or software to use the platform (Doxy.me). I also need to have a broadband internet connection or a smart phone device with good cellular connection.

There are potential risks with the use of telemedicine/telehealth technology, including but not limited to: (1) interruption of the audio/video link, (2) disconnection of the audio/video link, (3) video that may not be clear enough to meet the needs of the consultation, and (4) potential of unauthorized access to the live or stored consultation. If any of these occur, the consultation may need to be stopped and/or rescheduled. Also, we are not responsible for these or other technology problems that we are not in control of.

Some health plans may cover telemedicine/telehealth services if they are medically necessary. Some state laws require state-governed (fully insured) health plans to cover telemedicine/telehealth visits if the health plan would have covered the same interventions had they been provided in the office. However, there are frequently exceptions to these coverage laws and policies. That means your health plan is highly likely to deny our claims for telemedicine/telehealth services. Therefore, by consenting to receive our services through a telemedicine/telehealth means, you agree to personally pay for any services your health plan does not cover even if your Explanation of Benefits (EOB) from your health plan states you owe \$0 for our services. Coinsurance payments are due at the time of the visit.

If we instruct you on any exercises, balance activities or other physical procedures during the telemedicine/telehealth session, you are responsible for determining whether you can safely perform the activity without risk of falling or otherwise injuring yourself. If you do not feel safe, you must tell us.

Telehealth services can be provided to any patient/client in every state by the licensed Physical Therapist through the FSBPT.

I understand that I am responsible for cancelled telehealth appointments in accordance with the RMPT cancellation policy of full session fee charge for missed appointments

with less than 24 business hour notice.

Signature: _____ Date: _____

Name: _____