

TELEMEDICINE CONTRACT–NON-MEDICARE PATIENT

I understand that I am financially responsible for all charges whether paid or not paid by my insurance. I am aware that if I do not provide current insurance information Swinyer-Woseth Dermatology will be unable to bill my claim. I give Swinyer-Woseth Dermatology and it's representatives permission to appeal insurance claim determinations on my behalf.

ANY ACCOUNTS OVER THIRTY DAYS OLD WILL ACCRUE INTEREST OF 1.5% PER MONTH (18% PER YEAR) UNTIL THE ACCOUNT IS PAID IN FULL. In the event that full payment for charges incurred in my medical care is not made, I agree to pay all cost of collection, including a 50% Collection Agency Commission and reasonable attorney's fees. I also agree to submit myself to the jurisdiction of the courts of Salt Lake County, Utah.

As a service to our patients, we provide a courtesy appointment reminder call or text and possibly other important calls or texts that may be placed using a prerecorded message. If you have provided us with a cell phone number as your primary contact number, you consent to receiving such calls at this number.

It is the responsibility of the patient to keep track of all scheduled appointments. I understand that in the event that I cannot make a scheduled appointment I must cancel at least 24 hours prior to that appointment time. Failure to do so will result in a \$50.00 charge to my account (per incident). Reminder calls/texts are simply a courtesy.

I consent to medical treatment as provided by Swinyer-Woseth Dermatology, including telemedicine services. I understand that telemedicine services will only be available on a temporary basis.

This agreement will remain in effect until revoked by me in writing. A photocopy of this assignment will be considered as valid as an original.

SIGNATURE: _____ DATE: _____
(Responsible Party)

A copy of the Notice of Privacy Practices for Swinyer-Woseth Dermatology has been made available to me.

SIGNATURE: _____ DATE: _____