

La Jolla Gastroenterology Medical Group, Inc.

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La Jolla, CA 92037

(858) 453-5200

ADVANCE BENEFICIARY NOTICE OF NON-COVERAGE

TELEMEDICINE

Patient Name (print): _____ Date of birth: _____

Although many insurances are currently covering Telemedicine visits just like an in-person office visit, your particular plan may or may not provide this benefit yet. For this reason we must provide you with this notice to acknowledge financial responsibility.

By signing this authorization, I agree to pay La Jolla Gastroenterology Medical Group for services that are not otherwise covered under my insurance plan. I acknowledge that I have been informed in advance of the charges and accept full responsibility for all costs associated with these services listed.

Evaluation and Management codes:	Description:	Fee:
99201 - 99205	Physician outpatient visit, new patient	\$120.00
99211-99215	Physician outpatient visit, established patient	\$60.00

Patient signature

Date