



HEALTH-e PEDIATRICS

Terms and Conditions

Consent for Video Exam and Electronic Communications

Consent for Video Exam

I understand and agree that by signing below I, as the patient and/or as the patient's legal guardian, am consenting for the doctor to examine all areas on my body, or the body of my child that I, as well as my child (if age appropriate) willingly show to the camera for exam.

I understand that video or audio recording of this telehealth visit is not permitted. As such, Health-e Pediatrics will not be recording any part of the visit.

I attest that the patient being evaluated will be located in the state of California during the video visit.

Consent for text and email communication

I consent to receive text and email communication from Health-e Pediatrics at the phone number and email noted in my registration information. I am responsible for all internet and phone charges incurred.

CHILDREN MAKE LIFE BEAUTIFUL.



HEALTH-e PEDIATRICS

Legal Guardianship Consent

I understand that if the patient being seen by Health-e Pediatrics is under the age of 18 years old, a legal parent or guardian needs to accompany the child during the visit, to the extent required by law.

CHILDREN MAKE LIFE BEAUTIFUL.

WWW.HEALTHEPEDIATRICS.COM
CONTACT@HEALTHEPEDIATRICS.COM
833-346-7002



HEALTH-e PEDIATRICS

Financial Policy 1/3

Thank you for choosing Health-e Pediatrics. The following is an explanation of our financial policy.

You have the option of paying for your visit either by credit or debit card, or by using an in-network insurance plan that we contract with. **It is your responsibility, as the insured, to determine if Health-e Pediatrics is an in-network provider, how your benefits apply, and to provide us with accurate and current insurance information.** Most insurances have a provider directory available online or by request. You should always contact your insurance plan if you have questions about your coverage of services available to you under your plan. Please read the information below carefully so you fully understand how payment and billing work. We will not be able to determine your insurance status for you prior to your appointment.

Health-e Pediatrics requires a valid credit card number at the time of the appointment request, even if you are using insurance. Any service fees, or any portion thereof, that are your financial responsibility must be paid by credit card. Your credit card information will always be fully protected and encrypted by our off-site, card-processing partner, and will not be stored on our computers or mobile devices. No staff of Health-e Pediatrics will have access to your full credit card number. By entering your credit card information and requesting an appointment, you both authorize the charges to your credit card and indicate your agreement to the terms of Health-e Pediatric's Financial Policies. You are responsible for maintaining accurate credit card information with our office; you will be subject to late-fees if the credit card associated with your file is not accurate and cannot be charged in a timely manner.

CHILDREN MAKE LIFE BEAUTIFUL.

WWW.HEALTHEPEDIATRICS.COM
CONTACT@HEALTHEPEDIATRICS.COM
833-346-7002



HEALTH-e PEDIATRICS

Financial Policy 2/3

Self Pay:

If you are not using insurance for your visit, your credit card will be charged shortly after your appointment for the inclusive self-pay price of \$120.

Using Insurance:

If you are a participant in a health plan that has entered into a contract for reimbursement rates with Health-e Pediatrics (an "In-Network Plan"), then we will process all claims for reimbursement on your behalf. You will be financially responsible for any applicable copayments, co-insurance or deductibles, or for any services that are not covered by your In-Network Plan. Health-e Pediatrics does not determine these costs; your insurance plan sets these costs. It often takes the insurance company up to 3 months to process a claim. Once the claim has been processed, and we are informed of your financial responsibility, we will mail a billing statement to you at the mailing address that you provided at registration for this amount. **After 30 days, if you have not paid the invoice, your credit card will be charged for the balance owed.**

You are responsible for maintaining accurate insurance information. Please be aware that if you input incorrect or outdated insurance information when registering, if we are not contracted or in-network with your insurance plan, if you do not provide us with accurate insurance information, or if your telemedicine visit is not covered by your insurance based on the plan design in effect at the time that services are provided, then you will be billed the inclusive self-pay price of \$120 shortly after your visit.

CHILDREN MAKE LIFE BEAUTIFUL.



HEALTH-e PEDIATRICS

Financial Policy 3/3

Non-Participation in MEDICAID/Medi-Cal: You acknowledge and agree that the patient is not a Medicaid beneficiary, a program which in California is known as Medi-Cal. You are hereby notified that Health-e Pediatrics does not participate in Medicaid.

Please note that you are paying for an expert evaluation of you or your child when making an appointment with Health-e Pediatrics, Inc. and you will be billed after the visit even if you are advised that it is medically appropriate to seek further in-person care that same evening.

If you have questions regarding billing please call 805-356-1012. For your security, do not leave your credit card number in an email or voicemail.

By checking this box and registering with Health-e Pediatrics, I acknowledge that I have read and completely understand the above financial policy of Health-e Pediatrics, Inc. and agree to payment via credit or debit card all monies owed as described above.

CHILDREN MAKE LIFE BEAUTIFUL.



HEALTH-e PEDIATRICS

Assignment of Benefits

An assignment of benefits is consent by an individual who received healthcare services to allow the provider to bill your insurance and share the necessary medical information to do so. I, the undersigned, irrevocably assign to the Health-e Pediatrics, Inc. (referred to herein as "Provider"), all of my rights and benefits and any other interests that I have in any medical insurance plan, health benefit plan, indemnity plan, trust, fund or other source of payment for healthcare services (each a "Plan") in connection with medical services provided by Provider, its employees and agents. I understand that this document is a direct assignment of my rights and benefits under my Plan.

I instruct my insurance company to pay Provider directly for the professional or medical expense benefits payable to me. If my current policy prohibits direct payment to Provider, I instruct my insurance company to make out the check to me and mail it directly to the address of the Provider for the professional or medical expense benefits payable to me under my Plan as payment towards the total charges for the services rendered. In addition, I agree and understand that any funds I receive by my Plan due for services rendered by Provider will be immediately signed over and sent directly to Provider.

I authorize Provider to release any medical or other information about me in its possession to my Plan required or requested in connection with any claim for services rendered to me by Provider.

I allow Health-e Pediatrics, Inc. to submit claims, adjust claims, and collect payments for services rendered on my behalf.

I authorize Health-e Pediatrics to share patient protected health information to my insurance company as deemed necessary for reimbursement for services rendered.

I understand that I may revoke this authorization at any time. To do so, please send a written statement requesting this to 1000 Town Center Dr. Suite #300, Oxnard, CA 93036.

CHILDREN MAKE LIFE BEAUTIFUL.

WWW.HEALTHEPEDIATRICS.COM
CONTACT@HEALTHEPEDIATRICS.COM
833-346-7002



HEALTH-e PEDIATRICS

Telehealth Terms of Use and Informed Patient Consent

Telehealth involves the use of live audio-video electronic communications to deliver health care services to patients while the health care provider (the "Provider") is located at a physical location different from the patient receiving the health care services (the "Telehealth Services"). Telehealth Services can improve patient care by offering an efficient medical evaluation and improved access to medical care. By participating in Telehealth Services with Health-e Pediatrics, I acknowledge that:

1. The Provider will be at a different physical location than me.
2. It is my responsibility to provide accurate, complete, and current information about me and my health condition(s) to the Provider while receiving Telehealth Services.
3. I am responsible for all charges (a) that I may incur from my mobile or internet service provider, as applicable, when receiving Telehealth Services; and (b) that are not covered by my insurer or third-party payor, including any applicable deductibles or co-payments that apply to Telehealth Services. It is my responsibility to determine whether my insurance covers Telehealth Services.
4. The Provider has made reasonable and appropriate efforts to eliminate any confidentiality risks associated with Telehealth Services. I am also responsible for mitigating any risks to my privacy or confidentiality stemming from the location or circumstances of my participation in Telehealth Services (e.g., joining the telehealth encounter from a quiet space, ensuring others do not overhear my conversation or see my computer or mobile device screen). All existing confidentiality protections under federal and state law apply to my information disclosed during Telehealth Services.

CHILDREN MAKE LIFE BEAUTIFUL.

WWW.HEALTHEPEDIATRICS.COM
CONTACT@HEALTHEPEDIATRICS.COM
833-346-7002



HEALTH-e PEDIATRICS

Telehealth Terms of Use and Informed Patient Consent

5. The Provider may use, share, or disclose my health information for reimbursement purposes, with other healthcare providers for treatment purposes, or for any other purposes in accordance with the Provider's Notices of Privacy Practices and as permitted by applicable law.

6. All existing laws regarding access to my medical information apply to Telehealth Services. All of my medical information transmitted during Telehealth Services may be incorporated into my medical record and may be provided to other healthcare providers and entities for continuity of care

purposes or as otherwise permitted under applicable law.

7. There are potential risks to using audio and visual technology for the purpose of a health care visit, including, but not limited to, interruptions, unauthorized access, technical difficulties, and call termination. I acknowledge and accept those risks, understanding there are alternatives to receiving Telehealth Services. Either me or the Provider can discontinue Telehealth Services if either of us determines that Telehealth Services are not right for my health care.

8. I understand and acknowledge that Telehealth Services are not intended to be, and do not act as, emergency services. If I am experiencing an emergency, I should not rely on Telehealth Services and instead should call 911.

9. I understand what it means to receive Telehealth Services and am legally authorized to acknowledge, agree, and consent to these Telehealth Terms of Use and Informed Patient Consent (a) on behalf of myself for use of Telehealth Services in my medical care, and/or (b) on behalf of any other individual(s) that will be receiving Telehealth Services for their medical care during this healthcare encounter. By joining the telehealth encounter and receiving Telehealth Services through Health-e Pediatrics, I represent that I have read, understand, and agree to these Telehealth Terms of Use and Informed Patient Consent; I have been advised of the potential risks, benefits, and alternatives of Telehealth Services; I have been given the opportunity to ask questions and have no remaining questions at this time; and I hereby give my informed consent for the use of Telehealth Services in my medical care and/or the medical care of the individual(s) that will be using Telehealth Services, as applicable.

CHILDREN MAKE LIFE BEAUTIFUL.