

## Informed Consent and Registration for Online Video / Phone / Email Consultations at Meridian Medical

If you need to consult or follow-up by mail, phone, sms, online videoconference (Zoom etc) or email with our doctor(s), please register for the service. This registration is to inform you of the scope of the services and the relevant billing terms, and that you agree to the following:

We are limited in our professional liability towards you in a phone or email encounter [hereinafter “encounter(s)”] since impersonal follow-up does not represent a “complete” diagnostic or therapeutic episode and may not be recognized medico-legally or by health insurances. Such incomplete encounters are no substitute for in-office follow-up appointments. As such, these encounters are only offered as a service for your convenience and at our doctors' discretion. You will thus agree NOT TO HOLD MERIDIAN MEDICAL or ITS DOCTOR(S) liable for diagnostic or therapeutic recommendations, suggestions or opinions provided based upon such virtual encounters, and sign below in order to register for the service.

- **Time:** It takes time for us to review ongoing records and provide written or verbal response to your situation, and although most emails and phones are answered within 24 hours, you should understand that there could be a delay for a response or to set up a phone appointment. Please let us know in case there is urgency involved.
- **Mutual Obligation:** Our willingness to monitor your situation and tests or manage your case does not necessarily imply our ability to optimally diagnose or treat you in a timely matter at all times especially via virtual encounters such as via email/zoom/phone. We reserve the right to decline to follow your case if there has not been any follow-ups for more than four months, or we feel that your follow-ups are inadequate to protect your health and conversely you may decide to no longer follow-up with us at any time. As such, this registration can be terminated by us / you at any time without further mutual obligations.
- **Fees:** Fees are charged based upon time and effort of our provider(s) for all virtual encounters [essentially all professional activities that will consume time on the part of the provider(s), as initiated or requested by you] and all reasonable related professional or office activities (including but not limited to communication with other physicians, specialists or designates upon your request or on your behalf, ordering of labs, reading and review of reports or scans or test results, provision of prescriptions or orders or letters or completion of official insurance or benefits or claim forms on your behalf) as below.
- **Billing:** Work will be billed as based on time at the rate indicated below and charged to the credit card on record. For Dr. Raymond Chang, you will currently be billed at the pro-rata at \$450 per half-hour for all work billable at 0.2 hr minimum and 0.1 hr units per hr increments. You will be billed after the service and will only receive an itemized bill upon request. This billing rate is subject to change with 30 days notice and the billings are generally not deemed reimbursable by insurance and no formal insurance claim forms will be signed, submitted or provided; and Meridian will not participate in any insurance claim processes related to virtual consultations unless it has been pre-approved and pre-arranged in advance with the office. In case of a very complex situation (e.g. rare cases, overseas patient etc.), we reserve the right to require a retainer to accept the case for long-distance and/or virtual consultations and management. If you have been charged a retainer, the fees will be deducted from your retainer, and you will receive a periodic receipt or invoice upon request. Please contact us immediately if you do not understand or disagree with any charges, and we will promptly review and clarify the charges to you. We reserve the right to terminate services immediately if fees are unsettled within 30 days.

For your email consultations: you will use [consult.chang@meridianmedical.org](mailto:consult.chang@meridianmedical.org) to email the doctor. The billable amount will be indicated in the subject line on any reply email to you, (e.g. 0.2, 0.3 etc) At the discretion of the doctor, if there is no charge, there will be “n/c” (“no charge”) on the subject line.

Your signing below indicates that you have read, understood and agree with the above and voluntarily register for this service and you allow us to place and charge your credit card on file according to the terms above. You may cancel this service anytime with written or emailed notice as long as there is no outstanding balance.

Above read, understood and agreed†,

Signature \_\_\_\_\_

Print Name \_\_\_\_\_  
(Patient or Guardian if under 18 years)

Date \_\_\_\_\_

CC: VISA/ME

Expiry Date

\_\_\_\_\_

\_\_\_\_\_

†Signature above also indicates agreement for my card to be charged as per rate and terms above for services rendered as described above.