

Tebra/Kareo Patient Portal Messages & Other Communication

Billed as a visit

If medical communication via Patient Portal, phone, etc. takes nurse practitioner (NP) time (involves medical decision-making and takes 5 or more minutes of my time in back and forth communication over a 7-day timeframe), I may bill you or your insurance.

Why I bill

“Asynchronous” (non-real-time) communication involves my time spent on patient care outside of a telemedicine visit. Asynchronous communication includes requesting medication refill approval from me through a pharmacy, lab result review, evaluation of medication effectiveness and potential side effects, and medication changes.

I spend more time on asynchronous communication than I spend on any other aspect of my practice. I bill for communication that uses clinical expertise and time so you can keep getting high-level care in a way that is most convenient for you. Billing lets me spend the time I need to look at your medical history and give you the best care.

If you are not OK with possibly being billed for asynchronous communication, please schedule follow-up telemedicine visits for ALL care needs including medication refills or changes, lab result review, evaluation, advice, referrals, letters, record requests, etc.

If you have Medicaid

All communication is free for you.

If you qualify for the Sliding Fee Discount

You will pay \$0 - \$2 for communication over a 7-day timeframe.

If you have commercial insurance or Medicare & DO NOT qualify for the Sliding Fee Discount

You'll likely have a co-pay or coinsurance just like an in-person visit, usually \$15 - \$48 for communication over a 7-day timeframe. If you don't have a co-pay or coinsurance, the most you'll pay is \$48. Your deductible may apply.

If your commercial insurance or Medicare does not clearly cover asynchronous communication, I will submit a pre-service organization determination to obtain an insurance coverage decision prior to billing you directly. If your insurance does not approve coverage, you will be asked to either 1) Pay directly for asynchronous communication (following completion of the notice on the following page) or 2) *Schedule follow-up telemedicine visits for ALL care needs.*

If you don't have insurance & DO NOT qualify for the Sliding Fee Discount

The most you'll pay is \$48 for communication over a 7-day timeframe.

For exact costs, all patients can refer to the Visit Fee Schedule available at <https://www.sallykrayniknpllc.com/faq>

A. Notifier: Sally Kraynik, NP

B. Patient Name:

C. Identification Number:

Advance Notice of Noncoverage (ANN) / Advance Beneficiary Notice (ABN)

NOTE: If insurance doesn't pay for D. Asynchronous Communication below, you may have to pay.

Insurance does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect insurance may not pay for D. Asynchronous Communication below.

D. Asynchronous Communication	E. Reason insurance May Not Pay:	F. Estimated Cost
Includes non-real-time medical communication via Patient Portal, phone, etc.	Some insurance companies have determined that Asynchronous Communication isn't reasonable or necessary	\$15 - \$48 based on nurse practitioner time for communication over a 7-day timeframe

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive D. Asynchronous Communication listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but your insurance cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

- OPTION 1.** I want D. Asynchronous Communication listed above. You may ask to be paid now, but I also want insurance billed for an official decision on payment, which is sent to me on a Summary of Benefits and Coverage (SBC) / Medicare Summary Notice (MSN). I understand that if insurance doesn't pay, I am responsible for payment, but I can appeal to insurance by following the directions on the SBC / MSN. If insurance does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want D. Asynchronous Communication listed above, but do not bill insurance. You may ask to be paid now as I am responsible for payment. I cannot appeal if insurance is not billed.
- OPTION 3.** I don't want D. Asynchronous Communication listed above. I understand with this choice I am **not** responsible for payment, and I cannot appeal to see if insurance would pay. **I WILL SCHEDULE FOLLOW-UP TELEMEDICINE VISITS FOR ALL CARE.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You may ask to receive a copy.

I. Signature:	J. Date:
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You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.