

Audio-Only Telehealth Billing Consent Addendum

I request to receive audio-only telehealth services from Jamelyn Keatts. I understand that I will be billed at my clinician's regular billing rate for these services.

I authorize Jamelyn Keatts to bill me directly for audio-only telehealth services. I also authorize Jamelyn Keatts to bill any applicable third party payer for eligible audio-only telehealth services.

I also understand that these services may not be eligible for reimbursement under my health insurance benefits and that I have the ultimate responsibility to determine what services my health insurance plan will cover.

Client Signature

Date

This form will be retained in your medical record.