

Medical Service Agreement for Telehealth Services

Date: [Insert Date]

Provider Name: [Insert Provider Name]

Provider Address: [Insert Provider Address]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

1. Purpose

This Medical Service Agreement outlines the terms and conditions under which Telehealth services will be provided to the Patient by the Provider.

2. Services Provided

The Provider agrees to offer the following Telehealth services:

- Virtual consultations
- Follow-up appointments
- Discussion of treatment plans

3. Payment

The Patient agrees to compensate the Provider as follows:

- Service Fee: [Insert Amount]
- Payment Method: [Insert Payment Method]

4. Confidentiality

Both parties agree to maintain the confidentiality of all health information shared during Telehealth sessions in accordance with HIPAA regulations.

5. Termination

This Agreement may be terminated by either party with [Insert Notice Period] written notice.

6. Acceptance

By signing below, both parties agree to the terms outlined in this Agreement:

Provider Signature: _____

Date: _____

Patient Signature: _____

Date: _____