PHYSICIANS GROUP OF SOUTH FLORIDA, P.A.
Quality Personal Care

Patient Telehealth Services Agreement
Advanced Beneficiary Notice

Effective February 1, 2026

Purpose:
This notice explains upcoming changes to telehealth coverage and associated costs effective February 1, 2026.

Background:

- **Recent legislation has extended certain Medicare telehealth flexibilities through January 31, 2026.**
- **Florida state law currently requires private insurers to cover telehealth services at the same rate as in-person visits.**
- **These rules may change, and coverage is not guaranteed after January 31, 2026.**

Policy Changes Effective February 1, 2026

1. Insurance Coverage

- **Telehealth flexibilities for Medicare and private insurance are scheduled to end on January 31, 2026. Coverage may change after this date.**
- **Even if your insurance plan informs you that they cover telehealth services, our office will not submit any telehealth claims to insurance.**
- **If you wish to use your insurance benefits, you are welcome to submit your own claim directly to your insurance company.**
    - **If your insurance covers telehealth, they may pay you directly according to your plan benefits.**

2. Out-of-Pocket Costs

- **Beginning February 1, 2026, all telehealth visits in our office will be treated as self-pay, regardless of insurance coverage.**
- **The self-pay rate for a telehealth session is $90 per visit, payable in advance.**
- **If your insurance covers telehealth, you may choose to receive those services with a provider or facility that bills insurance for telehealth.**
    - **Our office prefers to see patients in person, and telehealth will remain an option only if the patient elects to self-pay.**

Patient Acknowledgment

By signing below, you acknowledge and understand that:

- **Telehealth visits performed by our office after January 31, 2026, will not be billed to your insurance.**
- **You are responsible for the $90 self-pay fee for each telehealth session.**
- **You may submit your own telehealth claim to your insurance carrier if you choose.**
- **You understand that our office recommends in-person visits whenever possible.**
- **All telehealth fees must be paid before your scheduled telehealth appointment.**

Patient Name: _____

Signature: _____

Date: _____

Please ensure this agreement is reviewed and signed prior to scheduling any telehealth services on or after January 31, 2026. For any questions or further clarification, contact our office at 305-674-5925.