

TELEMEDICINE SUPPLEMENTAL QUESTIONNAIRE

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For the purposes of this questionnaire, telemedicine is defined as the remote delivery of health care services and clinical information using telecommunications technology.

1. Please indicate your best estimate of the weekly hours dedicated to the delivery of telemedicine services:
 Telemedicine Hours: _____ Total Hours (all other): _____
2. Please briefly describe the scope of telemedicine services provided and list any companies you contract with to provide telemedicine services:

3. Please confirm any media through which telemedicine services are provided:
 a. Audio Video Virtual Network Other: _____

4. Please estimate the percentage of telemedicine practice by state:

State	% of Practice	State	% of Practice	State	% of Practice	State	% of Practice
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

5. Have you undergone an accredited telemedicine training program? Yes No
 a. If yes, what program? _____
6. Are you licensed in all states where telemedicine services will be provided? Yes No
 a. If no, in what state(s): _____
7. Do you provide telemedicine services to patients without a previously established patient relationship? Yes No
 a. If yes, please explain: _____
8. Are telemedicine services provided for any other healthcare practice for which you are requesting coverage? Yes No
 a. If yes, please explain: _____
9. Is the delivery of telemedicine limited exclusively to encrypted communication? Yes No
 a. If no, please explain: _____
10. Are all telemedicine communication platforms updated on a routine basis? Yes No
 a. If no, please explain: _____
11. Are protocols in place to determine when an in-person visit is necessary? Yes No
 a. If no, please explain: _____
12. Are advanced practice providers utilized during the delivery of telemedicine services? Yes No
 a. If yes, are all advanced practice providers employed by you and covered under this policy? Yes No
 i. If no, please describe the relationship to these providers and include proof of coverage: _____
13. Do you obtain informed consent prior the delivery of telemedicine services? Yes No
14. Are written protocols in place regarding medical record documentation and necessary patient follow-up after the delivery of telemedicine services? Yes No
 a. If no, please explain: _____
15. Do you provide any of the following activities as part of your telemedicine services:
 a. Intraoperative surgical monitoring? Yes No
 Weekly Hours: _____

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b. Remote diagnosis? Yes No

Weekly Hours: _____

c. Remote prescription of controlled narcotics? Yes No

Weekly Hours: _____

d. Medical Services not currently recognized or accepted by American Telemedicine Association? Yes No

Weekly Hours: _____

16. Do you credential remote providers? Yes No

Weekly Hours: _____

17. Please list all physicians who deliver telemedicine services on your behalf:

	Name	Specialty	Employed	Contracted
1			<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>
7			<input type="checkbox"/>	<input type="checkbox"/>
8			<input type="checkbox"/>	<input type="checkbox"/>
9			<input type="checkbox"/>	<input type="checkbox"/>
10			<input type="checkbox"/>	<input type="checkbox"/>

18. Do you obtain certificates of insurance from all contracted providers who deliver telemedicine services on your behalf?

Yes No N/A

I understand that this completed questionnaire is incorporated into and is part of my application for insurance and that all warnings and notices in that document are incorporated by reference as if set out in full.

I hereby declare that the information above is complete and true to the best of my knowledge and belief.

**SIGNATURE
REQUIRED:**

X _____

Applicant Signature

Date

X _____

Type or print name and title