

Yes

No

Telemedicine Supplemental Questionnaire

 Name (First, MI, Last):
 KAMMCO Policy # (if applicable):

Name of Employer (if applicable):

Definition of Telemedicine

The delivery of health care services or consultations while the patient is at an originating site and the health care provider is at a distant site. Telemedicine is to be provided by means of real-time two-way interactive audio, visual, or audio-visual communications, including the application of secure video conferencing or store-and-forward technology, to provide or support health care and delivery that facilitates the assessment, diagnosis, consultation, treatment, education, and care management of a patient's health care. *K.S.A.40-2,211

- 1. Do you practice telemedicine?
 - If yes, fill out this form in its entirety.
 - If no, it is not necessary to complete this form.

2. What specialty to do you practice?

- What percentage of your medical practice is—or will be—dedicated to telemedicine:
- 4. List the state and the percentage of telemedicine you practice in each state.

5. Do you hold a medical license for each state in which you practice telemedicine? Yes No - If no, explain why below.

6. Identify the types and scope of telemedicine services you provide.

Have you been named in a claim tied to the telemedicine services you provide?

	– If yes, explain why below.						
8.	Do you have a written agreement or contract to provide telemedicine services?	Yes	No				
9.	Do you have additional or specialized procedures for ensuring privacy and security of patient information in compliance with the Health Insurance Portability and Accountability Act (HIPAA) with regard to telemedicine?	Yes	No				

10.	Have policies and protocols been established which provide a means of maintaining and documenting e-visit records for continuity of care?	Yes	No
11.	Do you use an informed consent specifically for the telemedicine encounter?	Yes	No
12.	Have policies and protocols been established to identify when face-to-face visits may be	Yes	No

Signature	of	Apr	olic	ant
	•••			

Date

Return this form together with your completed application to KAMMCO.

If you work with a KAMMCO agent, submit this form along with your completed application to your agent.

Yes

No

necessary?

7.