

# Portal Visit Contract

Patient: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Responsible Party (Legal Guardian): \_\_\_\_\_

Above named patient or responsible party enters into a contract with Kaysville Clinic to provide patient visits through the Kaysville Clinic patient portal. These messages through the patient portal will be forwarded to Dr. Kamalu for his response. You must first sign a Patient Portal Authorization form to use this service. **Use of this service will require at least one comprehensive physical exam within the previous 12 months.** These services are not covered by Medicare, Medicaid or commercial health plans.

Portal visits will require credit card information on file in order to bill for services. Once a patient submits a portal visit request the credit card will be charged the appropriate fee. Patients using this service may be allowed one free follow-up question (performed within 24 hours) without charge. Portal visits must be for one problem only. Requests to address multiple problems should be done separately. If multiple problems are presented in a single message the portal visit will be declined.

Portal visits should not be utilized for urgent or emergent conditions. At physician's discretion and judgement patient may be required to make an office visit to complete the visit. (See **Portal Visit Attachment** for complete explanation of appropriate use of portal visits) . **You must allow at least 2 business days to respond to portal visit requests.**

**The fee for this service is \$30 per visit. Direct Care members pay \$10 per visit.**

This contract will remain in effect for a period of 12 months from the time of signing. Patient will be required to affirm renewal by signing new contract each year. This can be done with the annual physical exam.

I have read this contract including the Portal Visit Attachment and agree to its terms.

Patient/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_