

**NOTE: This template is an example only. Providers should modify it to fit their specific needs. There is also a statement at the end of this document for those providing Incident-To supervision.**

### Sample Telehealth Visit Note

Date of Service: \_\_\_\_\_ Time Encounter Started: \_\_\_\_\_ Time Encounter Ended \_\_\_\_\_

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

**Required Disclosure:** The patient has been explained that this is an interactive (audio/video) Telehealth encounter and what that consists of. The patient understands and wishes to proceed.

**Chief Complaint and History of Present Illness:** Patient complains of \_\_\_\_\_ for a period of \_\_\_\_\_ days. Patient is experiencing the following symptoms / signs \_\_\_\_\_ and claims on a scale of 10 that it is a \_\_\_\_\_ in severity and has tried \_\_\_\_\_ to find relief.

**Review of System (ROS):** (Provide any and All Systems Reviewed with the patient. Comment on positive pertinent and or negative findings.) \_\_\_\_\_

\_\_\_\_\_

**(Check this box)** \_\_\_\_\_ *If the remainder of a 14 point ROS has been performed and is otherwise negative)*

**Past, Family and/or Social History (PFSH):** (List any relevant PFSH elements or simply provide a statement if reviewed, "The Past, Family and/or Social History are negative and/or non-contributory to the patient's conditions evaluated during this telehealth encounter.) \_\_\_\_\_

\_\_\_\_\_

**Examination:** I have asked the patient to perform the following \_\_\_\_\_

\_\_\_\_\_

as part of an examination to aid in the evaluation of their above listed complaint; this is in addition to a

visual examination of the following body areas/organ systems \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_.

**Assessment and Plan:** I have determined the patient is experiencing or has the diagnosis of \_\_\_\_\_, which I am prescribing the following \_\_\_\_\_. I have advised the patient should the issue(s) persist or worsen to contact my office for an in-person visit or if they feel it is an emergency to either contact 911 or go to the local Emergency Room.

Required MDM and Time Components: I have determined the level of complexity to be (Select One Based on Clinical Judgement: **Straightforward, Low, Moderate or High**) and the total duration of the visit was \_\_\_\_\_ minutes (Use the CMS Time Table Provided Below).

**Centers for Medicare and Medicaid Services (CMS) Time Chart** (Source: *Final Rule Physician Time Zip File*)

99201	17
99202	22
99203	29
99204	45
99205	67
99211	7
99212	16
99213	23
99214	40
99215	55

**Attestation Statement:** My signature below is my attestation that the information contained within this Telehealth encounter note is complete and accurate to the best of my ability at the time of its creation. Any late entries, amendments and/or addendums, if required have been made in accordance with CMS Published Guidance and that of other authoritative sources.

***Incident-To Supervision:*** *The services rendered during this encounter were done so, under the Incident-To Billing Provisions as outlined by CMS. The service was rendered under Direct Supervision using interactive technology (video and audio technology). (This is optional and should only be used by those supervising non-physician practitioners and/or residents or fellows in a teaching setting. Those who do not require it should remove it from their note.)*

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Provider Signature

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Date