



**BlueCross BlueShield  
of Alabama**

## **Telemedicine Program Acknowledgement**

I, the undersigned representative of the telemedicine provider identified below, hereby acknowledge to Blue Cross and Blue Shield of Alabama (BCBSAL) my desire to participate in the BCBSAL Telehealth Program, pursuant to which qualified BCBSAL network practitioners with appropriate training to treat approved telemedicine medical conditions may receive payment for certain medical services provided via an appropriately secure telecommunications system. I further affirm I am fully authorized to bind the entity listed below.

I further acknowledge that the telemedicine provider identified below will maintain all necessary telemedicine equipment and secure telecommunication equipment applicable to the telemedicine services provided as published in the BCBSAL Telemedicine Equipment Standards and abide by the BCBSAL Telemedicine Policy. Additionally, I agree to solely use BCBSAL approved originating and distant site providers for telemedicine services I provide and/or request. Telecommunication system and condition specific equipment standards, a listing of approved BCBSAL telemedicine Providers, the BCBSAL Telemedicine Policy and the Equipment Standards for Telemedicine can be found on the BCBSAL website, [bcbsal.org/providers](http://bcbsal.org/providers), by selecting "Telemedicine" under Provider Resources.

By executing this Agreement, I attest to BCBSAL that I have read and agree to all of the provisions contained within the BCBSAL Telemedicine Policy and Telemedicine Equipment Standards published on BCBSAL's website and amended from time to time in BCBSAL's sole discretion, and that it is binding on me and incorporated herein as if set forth in full (collectively, this Agreement).

Once the agreement is signed, it should be faxed to Blue Cross as noted below.

**Fax this Agreement to:**

**1-205-220-9867**

**Attn: Credentialing Telemedicine**

Any future notice pursuant to this Agreement shall be in writing and shall be sent first class, postage prepaid, to BCBSAL at: Manager, Credentialing, Attention: Telemedicine, Blue Cross and Blue Shield of Alabama, Post Office Box 360040, Birmingham, Alabama 35236-9814.

This Agreement or any part of it may be amended by BCBSAL at any time by mailing or electronic notification or posting on BCBSAL's website such amendment or a revised form of Agreement to me a minimum of fifteen (15) days prior to the effective date of such amendment. In the event an amendment by BCBSAL is not acceptable to me, I may then terminate my participation in the Telemedicine Program by giving written notice to BCBSAL within the fifteen (15) day period prior to the effective date of the amendment. Any such notice of termination shall be effective as of the date of the amendment. In the absence of such written notice of termination by me, I shall be deemed to have accepted such amendment as of the effective date thereof. Notwithstanding any contrary provision in this Agreement, BCBSAL reserves the sole right to elect to terminate the Telemedicine Program and/or

my participation in such program upon providing me fifteen (15) days written notice by mail or electronic notification or posting on BCBSAL's website.

I agree that, in the event through error or mistake of BCBSAL, me or any other person or entity, BCBSAL makes any excess payment to me for services to a BCBSAL member which are not due to be paid under this Agreement and/or the applicable BCBSAL member Benefit Agreement, at BCBSAL's request I permit any sums paid in error or mistake to be deducted from any sums payable to me under this Agreement or any other agreement for services furnished to that or any other BCBSAL member. Any such money owed which is not automatically deducted by BCBSAL, I shall remit such payment to BCBSAL.

Payment for any service will be dependent upon whether the service or procedure is medically necessary in the circumstances, within the terms of the Benefit Agreement under which the BCBSAL member receiving the service is covered and not subsumed within other procedures or otherwise prohibited, and within the terms of the Primary Care Select Program, as amended.

I understand and agree that any and all disputes related to this Agreement shall be resolved by BCBSAL in its sole discretion. This Agreement, which includes the Telemedicine Program information contained in the BCBSAL website, contains the entire Agreement between BCBSAL and me relative to the Telemedicine Program. I understand that any prior agreements, promises, negotiations or representations, either oral or written, relating to the Telemedicine Program and not expressly set forth in this Agreement, are of no force or effect. **A fax or scanned transmission of this Agreement's signature page faxed to 1-205-220-9867 will be considered an original signature.**

**Entity/Group Name:** \_\_\_\_\_

**Entity/Group Tax ID #:** \_\_\_\_\_

**Entity/Group Representative (Printed):** \_\_\_\_\_

**Entity/Group Representative Signature:** \_\_\_\_\_

**Signature Date:** \_\_\_\_\_

**Physical Address of Equipment:** \_\_\_\_\_

**Correspondence Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**I am applying to be:**

**( ) Originating site OR ( ) Distant site**

An Independent Licensee of the Blue Cross and Blue Shield Association