

Email Consultation Form

I, the undersigned, am a current patient of Dr Woodward and am interested in participating in his email service which will allow me to obtain medical advice from Dr Woodward over the Internet.

I understand that this service is designed for non-emergency issues such as determining whether I need to schedule an appointment, make a medication adjustment, or if I want to ask a simple medical question but don't think it warrants making an appointment. There will be a \$10 fee for this service, which will be directly billed to me. If Dr Woodward advises me to make an appointment, there is no charge.

I understand that email contact with Dr Woodward is a service not covered by insurance companies.

I understand that email consultation is not suitable for emergencies as there will be some delay in response time.

I understand and, by my signature below, agree to pay an annual fee of \$25 and an additional fee of \$10 per email inquiry. These fees will be billed directly to me and may be adjusted from time to time as indicated on the current fee schedule.

Patient's Name

Patient's Signature

Billing Address

Email Address

please notify the office of any changes as only authorized email accounts will be allowed access