



El Paso ISD Telemedicine Program

El Paso ISD has partnered with Virtual Care for Kids to now make it possible for your child to be seen by a doctor or pediatric provider right in the nurse's office through two-way video conference.

How does it work?



Step 1: Receive Care Immediately.

If your child is registered for the program, the onsite school nurse can evaluate your child, and if needed, he/she will connect with a doctor or provider through secure two-way video conference similar to FaceTime or Skype.



Step 2: Visit with a Pediatric Doctor or Provider.

The doctor or provider will evaluate your child and determine if any onsite testing is needed for illnesses such as the flu or strep throat. The school nurse will facilitate necessary testing and provide over the counter medication if needed.



Step 3: Get Well Sooner!

If needed, we'll send a prescription to a pharmacy near you. We'll also provide a full visit summary or send the visit notes to your primary care physician.

**It's like a doctor's visit for your child
without them ever having to leave school!**

Is there a cost to use this service?

The visit will be automatically billed to your child's insurance company with no action needed by the parent or guardian.

TRICARE – TRICARE Prime members pay \$0 for use of this service and TRICARE Select members only pay \$21 per visit. Virtual Care for Kids is a TRICARE authorized provider and in-network with all TRICARE plans.

Medicaid – All Texas Medicaid plans are accepted and most visits for Medicaid covered patients will cost \$0 *See page 3 for details.

Commercial Insurance – VCFK is in-network with most major plans (BCBS, UHC, Cigna, Aetna, Humana, etc) and a telemedicine visit for your child typically costs the same as a normal trip to your child's pediatrician office. *See page 3 for details.

No Insurance – Urgent Care for Kids will offer charity care for children who are without insurance and who are enrolled in the Free and Reduced Meal Program. All other students without health insurance will be offered a cash pay discount rate of \$50 per visit.



Virtual Care for Kids School-Based Telemedicine Program

We're excited to announce that Virtual Care for Kids is now available in your child's school district. By registering to participate, your child will have access to pediatric specialized care through high definition telemedicine video chat. If the onsite nurse determines that care is needed, he/she will connect to a Virtual Care for Kids doctor or provider for thorough evaluation and treatment. If needed, the provider will send an electronic prescription to the pharmacy of your choice and provide you with a visit report.

Benefits of Participating

- **Convenience:** When your child is sick or hurt, it can be difficult to quickly access care. Parents/caregivers often need to leave their place of work to pick up the child from school and coordinate an appointment with their primary care physician. This service allows patients to quickly access care while onsite at school.
- **Immediate Access to Care:** This service provides immediate care and assessment that otherwise would be delayed due to appointment scheduling and drive-time. Our goal is to help children get well sooner, so we offer same-day care that's accessible within minutes.
- **Pediatric Specialized Care:** Our Texas-based doctors and providers have extensive experience in caring for pediatric patients.
- **Cost:** The visit will be automatically billed to your child's insurance company with no action needed by the parent or guardian. TRICARE prime members will pay \$0 for use of this service and TRICARE select members only pay \$21 per visit. All Texas Medicaid plans are accepted and most visits for Medicaid covered patients will cost \$0. VC4K is in-network with most major plans and a telemedicine visit for your child typically costs the same as a normal trip to your child's pediatrician. Urgent Care for Kids will offer charity care for children who are without insurance and who are enrolled in the Free and Reduced Meal Program. All other students without health insurance will be offered a cash pay discount rate of \$50 per visit.

How to use the Program

Once you've registered for the program, your child will have the ability to receive immediate care when needed. The onsite nurse will facilitate a two-way video visit through a HIPAA compliant secure video service. The treating doctors and providers are licensed pediatricians and certified nurse practitioners who are experienced in treating pediatric patients through telemedicine. The onsite nurse will assist the treating doctor/provider and provide necessary care and recommendations.

Commonly Treated Conditions

- Conjunctivitis (Pink Eye)
- Common Cold and Cough
- Allergies
- Lice
- Swimmers Ear
- Acne
- Nausea
- Headaches
- Vomiting
- Skin Conditions
- Fever
- Strep Throat
- Flu
- RSV



How to Register

You can register by picking up a registration packet from the onsite school nurse. Forms can be completed and turned back in to the nurse. Registration will remain open throughout the year, however, students are encouraged to register at the beginning of the 2018/2019 school year.

Follow Up Care

After your child has been seen, Virtual Care for Kids will send you a visit summary. If deemed necessary, an electronic prescription can be sent to the pharmacy of your choice and a visit summary can be sent to your child's primary care physician. A record of your child's visit will be kept with the Urgent Care for Kids/Virtual Care for Kids database for future reference.

Additionally, students and their siblings can use the service from home if the condition worsens or persists. Within minutes, families will be face to face with a pediatric specialized provider from the comfort of their own home. We believe that high quality healthcare should be accessible to pediatric patients at any time, so this service is available every day of the year, including holidays, nights, and weekends. This service can be accessed by visiting www.virtualcarekids.com.

Frequently Asked Questions

Can My Child Get Their Monthly Prescriptions Filled with Virtual Care for Kids?

Prescriptions for ongoing or chronic conditions such as diabetes management, behavioral health management, or asthma management should be obtained by your child's primary care physician.

What if my Child Needs a Higher Level of Care?

If deemed necessary, your child can be referred to a specialist, emergency room, or primary care physician for continued care. Virtual Care Providers are trained to assess the child's condition quickly and will triage them to the appropriate level of care as needed.

Can my Other Children be Treated with Virtual Care for Kids if they aren't Enrolled in EPISD?

This service is open to all EPISD students and their friends and family. Virtual Care for Kids is available to children ages 0-21 and can be accessed from home on any smart phone, tablet, or computer. Visit www.virtualcarekids.com for more information.

Can my child be seen by Virtual Care for Kids in the Evenings or on Weekends?

Yes! Virtual Care for Kids is open every day (including weekends) from 9am-9pm. Your child can receive care through your smart phone or computer within minutes from wherever you are. To request an on-demand visit, click on the "Get Started" option at www.virtualcarekids.com.



El Paso ISD Telemedicine Program Registration Form

Yes, I would like for my child to participate in the El Paso ISD telemedicine program. I agree for him/her to be treated via telemedicine at school. *If yes, please fill out pages 5-6 to complete your registration.*

No, I do not consent for my child to be treated via telemedicine while at school during the 2018-2019 schoolyear.

Signature _____

Patient Registration & Authorization

2018-2019 Pilot School Year



STUDENT INFORMATION					
Last Name:		First Name:		MI:	Student ID:
Birth Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth (M/D/Y):		Grade:	Section:
Primary Address Street:			City:	State :	Zip:
Primary Care Physician:			City:	Phone Number:	
Pharmacy with Address:				Phone Number:	

Consent to Share medical records with PCP if requested? Yes No

PARENT/GUARDIAN					
Last Name:		First Name:		Date of Birth (M/D/Y):	
Birth Sex: Male <input type="checkbox"/> Female: <input type="checkbox"/>		Primary Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>		Relationship to Student:	
Primary Address Street:			City:	State:	Zip:
Cell Phone Number:		Home Phone Number:		Work Phone Number:	
Email Address:					

INSURANCE INFORMATION				
<i>Not all necessary information to file a claim is included on the insurance card. Please provide the following information so that your claim can be processed correctly.</i>				
Tricare:	Medicaid:	CHIP:	Commercial Insurance:	Uninsured:
Insurance Company:		Member ID:		Group Number:
Insurance Policy Holder:		Policy Holder DOB (M/D/Y):		Relationship to Student:
Check Here if Student is Uninsured: <input type="checkbox"/>			*Student does not have to be insured to use program.	

When provided the necessary insurance information prior to an appointment, the staff of Virtual Care for Kids makes every attempt to verify patient's benefits. In addition, the staff will gladly file insurance claims on behalf of the patient. The insurance carrier will review the claim and accept or may deny coverage as they deem appropriate. Should the insurance company deny coverage, it is the patient/guardian's responsibility to pay any and all of the balance to Virtual Care for Kids. To be better prepared, patients should attempt to know their coverage including deductibles, co-pays and non-covered services. The staff of Virtual Care for Kids can give you a general idea of what may or may not be covered by your insurance plan before seeing the doctor. However, we cannot always know for certain what services will be provided by the provider before the examination.

Whether a visit will be filed with a medical carrier is dependent on several factors including but not limited to patient's reason for visit, type of exam performed, and diagnoses. Any visit that is paid out of pocket is not eligible to be submitted to insurance because it is offered at a discounted cash-pay rate. Virtual Care for Kids is not responsible for any third party vendor medical expenses, including but not limited to prescription medications.

By signing below, I acknowledge that I have read and understand the above financial and insurance responsibility statement above.

Signature: _____ Date: ____/____/____

Consents:

I hereby authorize employees and agents of Virtual Care for Kids including providers and other staff members to render medical evaluation and treatment to the patient listed on this form. The duration of this consent lasts for the duration of the 2018-2019 school year and will continue until revoked in writing. I understand that by not signing this consent, this patient will not be provided with medical care except in the case of emergency.

I hereby authorize the nursing staff of El Paso ISD to carry out orders and treatment plans as directed by Virtual Care for Kids providers to the patient listed on this form. The duration of this consent lasts for the duration of the school year 2018-2019 while the student is actively enrolled in EPISD and will continue until revoked in writing.

I acknowledge that I have been provided with a copy of, read, and understand Urgent Care for Kids' privacy practices in accordance with HIPAA regulated guidelines. (Please see policy at the following website: _____)

Signature: _____ Date: ____/____/____

Communication Preferences of PHI

Preferred Method of Communication

My preferred method of communication regarding my child's **medical conditions** is indicated below:

- Home Phone
 Work Phone
 Cell Phone
 Mailed Letter
 Guardian

If the above method of communication is by phone, please check the appropriate box below:

- Leave a message with detailed information.
 Leave a message with a call-back number only.

Please note that you are responsible for any charges incurred in receiving our communications. For example, if you provide a cell phone number as a method of contact, then you are responsible for any charges imposed by your mobile carrier for receiving calls or text messages from the clinic. Please let our office know if you have any special directions or requests regarding our communication with you. For example, please let us know if you would like for us to call you at a different phone number for a particular test result or if you do not want to be called at all.

Approved HIPAA Contacts

Keeping our patient's information private is important to us and by default we will only disclose information related to the patient's **medical conditions** to the **patient, legal guardian, and EPISD nurse**. We will only disclose information related to the patient's billing account to the **patient and legal guardian**.

If you would like to add additional contacts (other than the patient or legal guardian) that Virtual Care for Kids is allowed to disclose this type of information to, please complete the fields below and select the appropriate boxes based on your approval for each person you list.

Contact Name	Relationship to Patient	Phone Number
<input type="checkbox"/> Consent to Treat <input type="checkbox"/> Medical Information <input type="checkbox"/> Billing Information		

Contact Name	Relationship to Patient	Phone Number
<input type="checkbox"/> Consent to Treat <input type="checkbox"/> Medical Information <input type="checkbox"/> Billing Information		

The duration of this authorization is indefinite unless otherwise revoked in writing. I understand that requests for health information from persons not listed on this form will require my specific authorization prior to the disclosure of any health information.

Patient Name

Signature of Parent/Guardian

Date