



In accordance with public health guidelines, as of March 16<sup>th</sup>, NW Asthma & Allergy Center is temporarily transitioning all patient visits (new patient/recheck/sick visits) in Western WA to telemedicine encounters. Skin testing & oral challenges in our clinics will be limited & are subject to your allergist's discretion.

PRIOR to your telemedicine appointment, we require receipt of completed forms & a copy of your current insurance card. \* **If we do not have a current copy of your insurance card at the time of scheduling your appointment, we request a credit card on-file which will only be charged after the appointment if a copy of your insurance card is still not received. Furthermore, if we do not receive requested forms at least 30 min prior to your appointment, we may need to reschedule our appointment.**

If you do not have a smart phone, tablet, or computer/laptop, please contact the office during business hours, so other arrangements can be made. Telemedicine appointments *require one of these devices* as well as a strong, reliable *Wi-Fi connection* & a *webcam*. We will also need your *e-mail address*. A private & quiet place is optimal for the virtual appointment, & you should not be driving.

### WHAT TO DO

Print & complete forms accessible here <https://www.nwasthma.com/new-patients/forms/>

#### For **NEW PATIENTS**:

- If the patient is 18 years or older, print & complete a **"NP Packet-for ADULTS"**
- If the patient is UNDER 18 years of age, print & complete **"NP Packet-for MINORS"**

For **ESTABLISHED PATIENTS** (seen at our office within last 3 years)

- Print & complete **"Northwest Asthma & Allergy Center's Financial Policy."**
- If the patient is 18 years old or older, print & complete **"Consent to Discuss (Adults)."**
- If the patient is UNDER 18 years of age, click & complete **"Consent to Treat (Minors)."**

For both **NEW & ESTABLISHED PATIENTS**:

- Return forms to [forms@nwasthma.com](mailto:forms@nwasthma.com) or fax to 206-523-0724.
- \* Please save forms as a PDF file & send as an attachment. Photos are illegible. You may use a free scanning app, such as Adobe Scan to create PDFs using your smart device or computer. \*
- Make a copy of the front & back of your current insurance card & send it to [forms@nwasthma.com](mailto:forms@nwasthma.com)
- When emailing forms, be sure to state on the subject line the Location you were going to be seen in & the legal **FIRST & LAST NAME** of the patient.
- "Official" digital signatures are ok; otherwise signatures should be handwritten.
- **PRINTED, TYPED NAMES ARE NOT ACCEPTABLE**
- ❖ Once we have received the necessary information, you will receive an invite from NW Asthma Telehealth with your telemedicine appointment time. **Please accept the invite as soon you receive it, so that it confirms your appointment.** Click the "accept" button in this email (RSVP for {Name of your allergist}). This will cause the e-mail to **DISAPPEAR** out of your e-mail box and **REAPPEAR** in your **CALENDAR** app.
- ❖ When it is time for your appointment, *open your Calendar app* to the date and time of the appointment, and click the link there to begin the telemedicine visit.
- ❖ Depending on your device, you may need to download **ZOOM** app (on mobile device) or Desktop Client.
- ❖ A screen will populate with a message "waiting for host to start the meeting." The doctor will appear as the host and start the appointment.

Please contact us if you have any questions. Thank you for your entrusting us for your care.