



## **Are You Equipped For TELEHEALTH?**

Thank you for taking the time to complete this survey. We will use your answers to help you implement telehealth in your practice and improve your telehealth patient workflow.

<b>1.</b> Are you doing telehealth in your practice currently? Yes $\square$ No $\square$
If YES: What are the # of encounters per provider?
How many providers currently use telehealth?
2. What platform are you using for your telehealth encounters? Please check all that apply.
☐ Doxy.me ☐ Zoom (Free version) ☐ Skype
☐ Facetime ☐ Zoom ☐ Smart Phone Video and Audio
☐ Other (please specify):
3. What equipment do you use for telehealth?
☐ Desktop with Camera ☐ Laptop ☐ Smart Phone ☐ Tablet/iPad
☐ Other (please specify):
4. If you are not conducting Telehealth visits, please tell us why. Please check all that apply.
☐ I don't have the equipment for it
☐ Equipment is too expensive
☐ I don't have a HIPAA compliant connection
$\square$ It is too complicated and $\square$ I would like to be trained
☐ I don't need to be trained
☐ I won't get paid for it
☐ I don't know which billing codes to use
☐ I don't think my patients want it
$\square$ I am only comfortable in live visits where I can do a physical exam and see the patient
$\square$ I am not interested at this time
☐ Other (please specify):
PCP Name: Phone #:
Email: Today's Date:

Please email back to awv@prospectmedical.com or fax to (714) 560-7693 once completed.