



TELEPHONE NOTE

Patient Information			
Name:	Date/Time:	DOB:	MRN:
Call Details			
Caller:	Recipient:	Call Initiated by:	
Telehealth Type (<i>Select one</i>): <input type="checkbox"/> Audio Only <input type="checkbox"/> Audio-Video			
POS Code (<i>Select one</i>): <input type="checkbox"/> POS 02: Telehealth provided outside the patient's home <input type="checkbox"/> POS 10: Telehealth provided in the patient's home			
Reason for Call:			
Key Discussion Points:			
Assessment & Plan			
Clinical Impression:			
Actions Taken:		Patient Instructions:	
Follow-Up Plan:		Medications Prescribed:	
Billing & Coding Compliance			
Telehealth Modifier (if applicable): (Select appropriate modifier based on service provided.) <input type="checkbox"/> 95: Synchronous telemedicine (real-time audio & video) <input type="checkbox"/> 93: Synchronous telemedicine (audio-only) <input type="checkbox"/> GQ: Asynchronous telemedicine (store & forward) <input type="checkbox"/> GT: Interactive audio & video (used by some private payers) <input type="checkbox"/> FQ: Audio-only communication technology <input type="checkbox"/> CPT Code(s) Used: _____			
Patient Understanding & Agreement			
I confirm patient/caregiver understands and agrees with the plan.			
Clinician Signature:		Date:	