



**VIRGINIA
ARRHYTHMIA
CONSULTANTS**

Saumil R. Shah, M.D., FHRS
Guru P. Mohanty, M.D., FHRS
Alap Shah, MD
Mary Beth Bowen, ACNP
Mona Maharaj, AGAC-NP

Helping you get your rhythm back
www.vaheartbeat.com

804-410-9749 phone · 804-272-3409 fax

1001 Boulders Parkway, Suite 110
Richmond, VA 23225

930 South Avenue, Ste. 4C
Colonial Heights, VA 23834

7605 Forest Avenue, Suite 410
Henrico, VA 23229

Remote Cardiac Device Monitoring Consent Form for
Enrollment/Transfer of Follow-up

Patient Name: _____ DOB: _____

Device Model: _____ Serial Number: _____ Wireless (Yes---No)

My physician has recommended that I monitor my implanted cardiac device by using a home monitor provided by my device manufacturer. I understand that this home monitoring is also recommended by my device manufacturer and is considered standard of care for patients with pacemakers, implanted cardiac defibrillators (ICDs) and implantable loop recorders (ILRs). By signing the document below, I acknowledge and consent to the following:

1. If my equipment is not available at the time of this consent, Virginia Arrhythmia Consultants will place the order for my home monitor directly with my device manufacturer. It may take up to six weeks for the equipment to arrive.
2. I have been given information and education about my new remote monitor.
3. I agree to connect my monitor and send initial report as soon as possible after arrival.
4. I will notify the clinic at (804) 410-9749 if I have any questions or difficulty setting up my equipment.
5. If I have a wireless monitor, I will ensure the monitor is connected so that it can perform nightly checks of my device for potential problems.
6. If I have a manual monitor, I will send reports when requested or scheduled by the device clinic, or on the instructions of my physician.
7. If I decide to disconnect my monitor or discontinue home monitoring for any reason, I will notify the device clinic by calling (804) 410-9749.



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8. If my device has been followed by a different physician group, please accept this signature as a request to transfer my follow up information to Virginia Arrhythmia Consultants.
9. With remote monitoring, the physicians will be monitoring your transmissions. If at any time there is an alert, we will notify you after the physician has reviewed the alert/transmission and we will call to discuss what the physician discovered and the course of treatment that the physician would like to take. If there is no alert, then we will NOT notify you
10. With these transmissions, we will be submitting for an interrogation fee and interrogation tech fee to your insurance. This is required for the home monitoring. You will be responsible for any copays, deductibles, or co-insurances that your insurance states are your responsibility. Depending on whether you have a pacemaker, ICD or ILR, these fees are charged either every 30 days (ILR), every 90 days (ICD) and every 180 days (pacemakers).
11. Failure to make payments on your account could result in dismissal with the practice.
12. If any questions or concerns regarding billing, please contact our billing representative.
13. We are willing to work with patients on payment plans, so VAC can continue with the care you need.

Signature of Patient or Authorized Signature

Date

Relationship of Authorized Individual