



Medicare Telehealth in 2026 — What's Covered and What Changed

What's Covered and What Changed

————— **An Extended Guide · No. 1742** —————

Tech Made Simple. Service Made Personal.

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What's Inside

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SUMMARY

The 60-Second Version

If you read one page first, make it this one. For 2026, Medicare's telehealth rules were extended after two short lapses, so the flexibilities people got used to are back in place and scheduled to continue through December 31, 2027.

- You can be at home for most telehealth visits — you no longer have to drive to a clinic to connect.
- Mental-health and behavioral telehealth is now a permanent benefit, from home, and a plain phone call (audio-only) is allowed for it.
- For other kinds of visits, audio-only is allowed in certain defined cases, and the home rule runs through the end of 2027.
- You generally pay the same 20% share after your yearly Part B deductible, and supplemental coverage may pick that up.
- A Medicare Advantage plan sets its own telehealth rules — ask your plan directly.

WATCH OUT

This is information, not medical advice. I help you understand the coverage rules and the technology. Your doctor and nurse handle your health and any decisions about your care. If you ever feel truly unwell, don't wait for a scheduled visit — call your doctor, or call 911 in an emergency.

THE HEADLINE

1. Where Telehealth Stands in 2026

The short answer, before any of the details.

Let's start with the thing most people want to know: yes, Medicare still covers telehealth in 2026, and the convenient rules are back. For a stretch, there was real worry that you'd have to go back to driving to a clinic just to have a video visit. That worry is off the table for now.

A law passed in early 2026 extended the main telehealth flexibilities through December 31, 2027. That means the way telehealth has worked for the last few years — you at home, your doctor on a screen — keeps going. On top of that, mental-health visits got made permanent, which I'll come back to.

GOOD TO KNOW

"Telehealth" and "telemedicine" mean the same ordinary thing: a medical visit that happens over video or phone instead of in the exam room. Nothing about the word is complicated.

THE BACK STORY

2. Why You May Have Heard It Was Ending

The lapses, and why they didn't last.

If you caught a news story saying Medicare telehealth was going away, you weren't imagining it. The rules that let you have these visits from home were temporary, tied to dates Congress had to keep renewing. Twice they briefly lapsed — once around a government shutdown in late 2025, and again for a few days at the start of February 2026.

Both gaps were short, and Medicare went back and paid the claims from those days anyway, so people weren't left holding the bill. Then the new law set a fresh end date of December 31, 2027. The upshot: a scary few headlines, but your coverage held.

GOOD TO KNOW

This is why you'll see me say "check the current status" more than once in this guide. These rules run on a clock Congress resets, so the smart habit is to confirm rather than assume.

FROM HOME

3. You Can Be at Home Now

The single biggest change people feel.

Here's the change that matters most day to day. For years, old Medicare rules said a telehealth patient had to be in a rural area and physically sitting in an approved clinic or hospital to connect — which rather defeated the purpose. Those restrictions are lifted. For 2026, you can be in your own living room, anywhere in the country, for most telehealth visits.

That's true whether you live in town or out in the country, in Atwater or anywhere else. The visit comes to you. For someone who doesn't drive, or who finds a trip to the office hard on a bad day, that's not a small thing — it's the difference between getting care and skipping it.

GOOD TO KNOW

For most visits this home rule is in place through the end of 2027. For mental-health visits, as you'll see next, being at home is permanent — a stronger promise.

MENTAL HEALTH

4. Mental-Health Visits Are Permanent

The one piece that isn't on a clock.

Tucked inside all the temporary rules is one that isn't temporary at all. Telehealth for mental health and behavioral care — talking with a counselor, a psychologist, or a psychiatrist — is a permanent Medicare benefit. You can have these visits from your own home, and there are no geographic limits on where you live.

That permanence is deliberate. Getting to a therapist's office can be a real barrier, and a phone or video session removes it. Congress chose to lock this one in rather than leave it on the year-to-year clock the rest of telehealth sits on.

GOOD TO KNOW

Even better: for mental-health visits, a plain phone call counts — you don't need video or a smartphone. More on audio-only in a moment, because it's a genuinely helpful door for a lot of people.

JUST A PHONE

5. When a Phone Call Counts

Audio-only, and where it's allowed.

Not everyone has a smartphone or a video camera, and not everyone wants to be on screen. The rules recognize that. "Audio-only" means a regular telephone call with no video, and Medicare allows it in defined situations rather than for absolutely everything.

- For mental-health and behavioral visits, audio-only is permanently allowed — a phone call is enough.
- For other kinds of visits, audio-only is allowed in certain defined cases, often when you can't or don't want to do video.
- Your doctor's office knows which of your visits can be handled by phone and which really want video or an in-person look.

TIP

If video feels like a hurdle, just ask the office: "Can we do this one by phone?" For a lot of check-ins the answer is yes, and it takes the pressure off learning a new app.

WHAT IT IS

6. What Actually Counts as a Visit

Video, phone, and what's in between.

A telehealth visit is a real medical appointment — it's scheduled, it goes in your record, and your doctor can order tests, adjust medicines, and refer you onward, same as in person. The only difference is that you're connected by screen or phone instead of sitting in the room.

There are a couple of smaller cousins you may hear about: a quick "check-in" by phone or a message exchanged through the patient portal. Those are briefer touchpoints, not full visits, and they're handled a little differently. For your purposes, the main event is the scheduled video or phone visit with your clinician.

GOOD TO KNOW

A telehealth visit isn't a lesser version of care. Your doctor is giving you their full attention and judgment — they just can't physically examine you through a screen, which is why some things still call for a trip in.

WHO SEES YOU

7. Which Providers You Can See

More kinds of clinicians than you might expect.

Telehealth isn't limited to your primary doctor. The list of practitioners who can see you this way is broad and was expanded under these rules. That's why you can often handle a specialty follow-up or a therapy session without leaving home.

- Your primary care doctor, for follow-ups and medicine checks.
- Nurse practitioners and physician assistants.
- Specialists — cardiology, lung care, and many others, for follow-up conversations.
- Mental-health professionals: counselors, psychologists, psychiatrists, and clinical social workers.
- Certain therapists, dietitians, and other clinicians, depending on the visit.

Community health centers and rural clinics can also be the ones providing your telehealth visit, which widens the doors for people who get their care there.

THE COST

8. What You'll Pay

The same share as an in-person visit.

Here's the part that reassures most people: telehealth doesn't cost you more than an ordinary visit. Under Original Medicare, a telehealth visit is generally billed like the same visit done in person. After your yearly Part B deductible, Medicare pays its 80% and you pay the other 20%.

So if a type of appointment would have cost you a 20% share in the exam room, it costs you that same 20% share from your kitchen table. You're not being charged a convenience fee for doing it by screen, and you're not saving on your share either — it's simply the same visit, delivered a different way.

TIP

If you want to know the exact dollar figure before a visit, the office's billing desk can usually give you an estimate. That's a fair question to ask and they hear it often.

THE DEDUCTIBLE

9. The Part B Deductible, Explained

The amount you cover before Medicare starts paying.

That "after your deductible" phrase trips people up, so let me unpack it. The Part B deductible is a set amount you pay out of pocket each calendar year before Medicare begins paying its share of your outpatient care, telehealth included. In 2026 that's a little under three hundred dollars for the year — please confirm the current figure, as it nudges up most years.

Once you've met that yearly amount — through any mix of visits, not just telehealth — Medicare pays 80% of the approved cost of covered services and you pay 20% for the rest of the year. The deductible resets each January.

WATCH OUT

The exact deductible and premium numbers change year to year. The figure above is for 2026; check Medicare.gov or your Medicare paperwork for the current year before you count on it.

THE 20%

10. Who Covers Your 20% Share

Supplemental coverage often picks it up.

That 20% coinsurance is your responsibility under Original Medicare alone — but many people aren't on Original Medicare alone. If you carry a Medigap (supplement) plan, it often pays that 20% for you, so a telehealth visit may cost you nothing out of pocket once your deductible is met.

- A Medigap plan commonly covers the 20% coinsurance on covered Part B services.
- Medicaid, for those who qualify, may cover your share.
- A Medicare Savings Program can help with costs for people with limited income.
- With no supplement, the 20% is yours — worth knowing before the bill arrives.

The point isn't to steer you to any plan. It's so you're not surprised: what you actually pay depends as much on your extra coverage as on Medicare itself.

THE PLANS

11. Medicare Advantage Sets Its Own Rules

If you're on an Advantage plan, ask your plan.

Everything I've described so far is how Original Medicare — the traditional, government-run program — handles telehealth. If you're on a Medicare Advantage plan (sometimes called Part C, run by a private insurer), the picture can differ. These plans must cover at least what Original Medicare does, and many offer extra telehealth benefits, but they set their own rules, networks, and costs.

- Your copay for a telehealth visit may be a flat amount rather than a percentage.
- You may need to use doctors in the plan's network.
- Some plans offer their own telehealth service or app as part of the benefit.

TIP

The reliable answer comes from the member-services number on the back of your plan card. Ask plainly: "What do I pay for a telehealth visit, and do I have to use a network doctor?"

THE VISIT

12. How a Telehealth Visit Actually Works

Start to finish, in plain steps.

Let's walk through what actually happens, so it feels familiar before your first one. It's less involved than people fear — in most cases it's a scheduled appointment that comes to you instead of you going to it.

- 1 You schedule the visit — by phone with the office, or in the patient portal, the same as booking any appointment.
- 2 Near the time, you get a link by text or email, or the office simply calls you for an audio visit.
- 3 You tap the link (or answer the phone) a few minutes early and wait in a short "virtual waiting room."
- 4 You and the doctor talk through your concern; they can order tests, change medicines, or ask you to come in if needed.

GOOD TO KNOW

There's a separate guide in this series on getting ready for a telehealth visit — the lighting, the camera, having your pill bottles handy. This guide is about the coverage; ask me for the prep one if that's what you want.

ARE YOU IN

13. Who's Eligible

The short list of what it takes.

Eligibility is simpler than it used to be. If you have Medicare Part B and your doctor offers telehealth, you can generally use it — you don't have to live in a particular place or meet a special condition the way the old rules demanded.

- You have Medicare Part B (or a Medicare Advantage plan that includes it).
- Your provider offers telehealth visits — not every practice does, so it's worth asking.

- You have a phone for an audio visit, or a phone, tablet, or computer with a camera for video.
- For video, some kind of internet or cell-data connection; for audio-only, an ordinary phone line is enough.

That last point is the quiet hero here — because audio-only exists, a lack of fancy equipment or fast internet doesn't shut you out of every telehealth visit.

GOOD FITS

14. What Telehealth Handles Well

The visits that work beautifully on a screen.

Telehealth shines for the kinds of visits that are mostly conversation. When your doctor needs to talk things through, review how a medicine is working, or look at how you're healing, a screen does the job without the trip.

- Follow-ups after a visit or a hospital stay.
- Reviewing and adjusting medicines.
- Going over test results and what's next.
- Mental-health and counseling sessions.
- Managing a steady, ongoing condition between in-person checks.
- A rash, a wound, or swelling your doctor can see on camera.

GOOD TO KNOW

If you're not sure whether your concern suits a telehealth visit, the office staff can tell you when you book. They'd rather steer you right than have you connect and find you need to come in.

ITS LIMITS

15. What Telehealth Can't Do

Some care still needs you in the room.

A screen can't do everything, and it's important to be honest about that. Anything that needs a hands-on exam, a physical test, or a procedure still means an in-person visit. Telehealth adds a door; it doesn't close the old one.

- A physical exam — listening to your chest, pressing on your belly, checking your ears.
- Blood draws, scans, X-rays, and other tests done on site.
- Shots, procedures, and anything hands-on.

- A sudden, severe, or frightening problem — that's not a telehealth moment at all.

WATCH OUT

Telehealth is never the route for an emergency. Chest pain, trouble breathing, signs of a stroke, a bad fall — don't book a video visit. Call 911. A screen can't help you fast enough when minutes matter.

THE CLIFF

16. What Could Change After 2027

Why the end date matters to you.

Here's the honest catch. For most visits — everything except mental health — the convenient rules are set to run only through December 31, 2027. If Congress doesn't extend them again, telehealth would largely snap back to the old, narrow rules that existed before.

Under those old rules, non-behavioral telehealth generally required you to be in a rural area and physically present at an approved site, like a clinic or hospital — not at home. In plain terms: the at-home convenience could go away for most visits, while mental-health telehealth from home would stay, because that part is permanent.

GOOD TO KNOW

Congress has extended these rules several times already, each time before they were set to lapse. There's no guarantee, but there's a clear pattern of renewing them. Nobody can promise what happens, which is exactly why checking the current status is the right move.

STAY CURRENT

17. Why to Check Medicare.gov

The one reliable source as the rules move.

Because these rules sit on a clock, the single best habit I can leave you with is knowing where to confirm them. Medicare.gov is the official source, and it's kept up to date as things change. You can also call 1-800-MEDICARE and ask a real person.

- 1 Go to Medicare.gov and search "telehealth," or call 1-800-MEDICARE.
- 2 Ask whether the home and audio-only flexibilities are still in effect for your kind of visit.
- 3 If you're on a Medicare Advantage plan, confirm with the plan instead — its rules are its own.

- 4 Jot the date you checked, so you know how current your answer is.

GOOD TO KNOW

A good time to check is each fall, during the Medicare open-enrollment season, when you're already thinking about your coverage for the coming year.

SCAMS

18. Telehealth Scams to Dodge

The convenience brings out the con artists.

Any time money and Medicare mix, scammers show up, and telehealth is no exception. The common trick is an out-of-the-blue call or ad offering a "free" telehealth visit, a free brace, or free testing — if you'll just hand over your Medicare number. Don't.

- Legitimate telehealth comes through your own doctor or health plan, never a cold call.
- Never give your Medicare number to someone who contacted you first.
- Be wary of a "doctor" you've never met prescribing or ordering equipment after a two-minute call.
- Check your Medicare summary notices for visits or items you don't recognize.

WATCH OUT

If a stranger pressures you to act fast or keep it quiet, that's the scam showing its hand. Hang up, and if you're unsure, call your real doctor's office or 1-800-MEDICARE to check. When in doubt, ask me before you share anything.

PRIVACY

19. Is a Video Visit Private

The same protections as the exam room.

People reasonably wonder whether a video visit is as private as a closed exam-room door. The short answer is that your telehealth visit is covered by the same medical-privacy laws as any other visit, and clinics use secure systems built for it. What you say to your doctor stays protected.

- Your provider connects through a secure, private platform, not a casual public video app.
- The visit goes into your protected medical record, same as an in-person one.
- Your end matters too: take the visit somewhere private, not on speakerphone in a crowded room.

- You can ask who else is on the call — sometimes a nurse or student is present, just as in the office.

TIP

If anyone's helping you connect, it's fine for them to get you set up and then step out so you can talk to your doctor privately — just like they'd wait in the waiting room.

NO INTERNET

20. If You Don't Have Internet

You're not shut out.

A fair worry: if you don't have internet at home, or you don't own a smartphone, are you locked out of telehealth? Not for everything. This is exactly where audio-only earns its keep — a regular phone call on your landline or basic cell phone can carry many visits, and all of your mental-health ones.

- Mental-health visits can be done by plain phone, permanently.
- Other visits may be done by phone in defined cases — ask the office when you book.
- If a visit truly needs video, a family member's phone or tablet can stand in for the day.
- Some libraries and senior centers have a quiet spot and a connection if you're ever stuck.

GOOD TO KNOW

Don't talk yourself out of asking just because you're "not a computer person." Tell the office what you have — a flip phone, a landline — and let them tell you what's possible. It's often more than you'd guess.

MEDICINES

21. Prescriptions Over Telehealth

Yes, your doctor can prescribe this way.

A common question: can a doctor actually prescribe medicine during a telehealth visit? For most everyday medicines, yes. Your doctor can send a prescription to your pharmacy straight from a video or phone visit, the same as if you'd been in the office.

A narrower set of medicines — certain controlled substances — can carry extra rules about whether a provider must have seen you in person first. Those rules have shifted over time, so if your medicine falls in that category, your doctor or pharmacy will tell you what's needed. You don't have to track that yourself.

WATCH OUT

I can explain how the telehealth visit works, but what medicine is right for you, and whether it can be prescribed remotely, is strictly a question for your doctor and pharmacist. That's their call, not mine.

TRAVELING

22. Telehealth When You Travel

Crossing state lines, and the licensing wrinkle.

If you're a snowbird or you travel, you might assume you can just do your telehealth visit from wherever you are. Often you can — but there's a wrinkle worth knowing. Doctors are licensed by state, and the rules about treating a patient who's physically in a different state can vary.

- Tell your doctor's office where you'll actually be during the visit, not just where you live.
- They'll know whether your clinician can see you across state lines, or whether it waits until you're back.
- Plan routine telehealth around your travel if you can, rather than being surprised.
- For urgent needs away from home, local urgent care or 911 is the answer, not a telehealth visit with your home doctor.

GOOD TO KNOW

This is a licensing detail, not a Medicare-coverage one — but it's the kind of thing that can quietly derail a visit, so a quick heads-up to the office saves a headache.

HOSPITAL AT HOME

23. A Word on Hospital-at-Home

A related program you may hear about.

You may run across the term "hospital at home" or "acute hospital care at home." It's a separate program from regular telehealth: it lets certain hospitals treat some patients who'd otherwise be admitted in their own homes instead, with daily clinician contact and remote monitoring. Its own authorization was extended, running several years out.

Whether it's available to you depends entirely on whether your local hospital runs such a program — many don't. It's not something you sign up for in advance; it's offered, if at all, when you'd otherwise be admitted. I mention it only so the term isn't a mystery if a hospital brings it up.

THE PORTAL

24. Where the Patient Portal Fits In

A companion to telehealth, not the same thing.

Telehealth and the patient portal often get mentioned in the same breath, so let me draw the line. The portal — MyChart and its cousins — is the website or app where you see test results, message your doctor, and often click the link that starts a video visit. It's the front desk; telehealth is the visit itself.

- Many practices launch your video visit from inside the portal.
- The portal is also where you'll often find the appointment and any instructions.
- A portal message is a quick way to ask a small question without a full visit.
- You don't strictly need the portal for an audio-only phone visit — they just call you.

GOOD TO KNOW

There are separate guides in this series on setting up and using the patient portal. If the portal is the part that trips you up, that's where to start.

QUESTIONS

25. Common Worries, Answered

The things people actually ask me.

"Will it cost me more than going in?" No. Under Original Medicare it's billed like the same in-person visit — the same 20% share after your deductible.

"Do I have to live in the country?" Not anymore. The old rural rule is lifted for now; you can be at home wherever you live, through the end of 2027, and permanently for mental health.

"What if I don't have a smartphone?" Many visits, and all mental-health ones, can be done by regular phone. Ask the office what your particular visit allows.

"Is my doctor really the one I'll see?" Yes — it's your own doctor or clinician, the same care, just over a screen or phone.

FOR THE HELPER

26. A Note for the Family Helper

If you're arranging this for a parent.

If you're the adult child or spouse making telehealth work for someone, a few things smooth the road. The visit belongs to the patient, so the account and consent run through them, but you can be the steady hand that gets the link open and the camera pointed the right way.

- Help test the link and the camera the day before, not five minutes before.
- Ask whether you can be present on the call — with the patient's okay, you often can.
- Keep a current medicine list and the pharmacy's number nearby.
- If you help from a distance, there's a companion guide on getting proxy access to a parent's patient portal.

GOOD TO KNOW

The kindest setup is one your parent can manage alone on a good day, with you as backup — not one that falls apart if you can't be there. Build toward that.

MYTHS

27. A Few Myths, Cleared Up

What's true, and what isn't.

"Medicare stopped covering telehealth." No. It briefly lapsed twice and was extended; it's covered in 2026 through the end of 2027, with mental health permanent.

"Telehealth costs extra." No. It's generally your same 20% share after the deductible, not a surcharge.

"You need fancy equipment." No. A plain phone handles many visits and all mental-health ones.

"A video visit isn't real care." It is — a real, recorded appointment with your own clinician, who can prescribe, order tests, and refer you on.

A VISIT

28. What a Telehealth Visit Feels Like

Strip away the jargon, and here's the day.

Let me paint the ordinary version. At your appointment time, you settle into a comfortable chair with good light, tap the link the office sent, and land in a short waiting screen. A minute later your doctor's face appears, and you talk the same way you would across the desk.

They ask how you've been, go over your medicines, maybe have you hold a sore spot up to the camera. They tell you the plan, send any prescription to your pharmacy, and let you know when to follow up. You close the app and you're done — no parking lot, no waiting room, no drive home. For a lot of visits, that's genuinely all there is to it.

TIP

If the very first one feels awkward, that's normal and it passes. Setting up that first visit together is exactly the kind of thing I'm glad to sit with you for — once you've done one, you've got it.

IN PERSON

29. When to Choose In-Person Instead

Telehealth is a tool, not the only tool.

Convenience is wonderful, but it shouldn't talk you out of being seen when you need to be. There are times a visit really wants hands and eyes in the room, and recognizing them keeps telehealth in its proper place — a helpful option, not a substitute for everything.

- A new or worsening problem your doctor needs to examine.
- Anything requiring a test, a shot, or a procedure.
- A visit where you'd feel more confident face to face — that's a valid reason on its own.
- Times when the technology is just more hassle than the trip would be.

WATCH OUT

And again, because it matters most: a true emergency is never a telehealth situation. Chest pain, stroke signs, severe breathing trouble, a serious fall — call 911. Don't lose minutes trying to connect a visit.

YOUR SAY

30. You Can Always Ask for In-Person

Telehealth is an option offered to you, not imposed.

It's worth saying plainly: telehealth is a choice. If a clinic offers you a video visit and you'd simply rather come in, you can say so. Nobody can force you to do a visit by screen, and wanting to be seen in person is always a legitimate preference.

- You can decline telehealth and ask for an in-person appointment.
- You can start a visit by phone and ask to come in if it isn't working.
- You can ask for audio-only if video feels like too much.
- Your coverage and your care don't suffer for choosing in person.

The whole idea is to give you more ways to reach your doctor, not to take the exam room away. Use whichever fits the day.

HABIT

31. Making 'Check the Current Rules' a Habit

A small yearly ritual that pays off.

Since the rules run on a clock, the people who never get caught out are the ones who glance at the current status once in a while. You don't need to follow the news — you just need a yearly nudge to confirm your telehealth coverage still works the way you expect.

- Tie the check to something you already do each fall — open enrollment, or your birthday.
- Confirm at Medicare.gov, by calling 1-800-MEDICARE, or with your Advantage plan.
- If you see a headline about telehealth 'ending,' don't panic — check the real status before worrying.
- Keep this guide, but trust the live source over any printed date once we're near 2028.

TIP

If you'd rather not wade through a government website, give me a call. Helping you confirm where things stand for the year is exactly the sort of thing I'm here for.

THE ASK

32. How to Set Up Your First Visit

The simple way to get started.

If this guide has you thinking telehealth might suit you, getting started is easy. You don't need any special language — just raise it with your doctor's office the next time you'd book an appointment anyway.

- 1 Call the office, or open the portal, and ask: "Can this visit be done by telehealth?"
- 2 Say whether you'd prefer video or a plain phone call, and what device you have.
- 3 Ask how you'll connect — a link by text or email, or a call at the appointment time.
- 4 Ask what you'll pay, and do a quick test of the link beforehand if it's video.

GOOD TO KNOW

If your own doctor doesn't offer telehealth, the larger health system often does, and mental-health telehealth in particular is widely available. There's usually another door to the same care.

MEANING

33. What This Means for You

The whole guide, in one honest summary.

Pulling it together: in 2026, Medicare telehealth is in a good spot. You can be at home for most visits, a plain phone call covers mental-health visits and many others, your mental-health coverage is permanent, and you pay the same share you would in person. The main flexibilities are set to run through the end of 2027.

The one thing to carry with you is that most of this lives on a clock Congress resets. So enjoy the convenience, use it when it fits, choose in person when that's better — and once a year, or whenever a headline worries you, confirm the current rules at Medicare.gov or with your plan. That one habit keeps you from ever being caught off guard.

WATCH OUT

I can explain the coverage and help you connect, but your health decisions belong with your doctor and nurse, and emergencies belong with 911. Telehealth is a convenient door to your care team — not a replacement for your own judgment about when something's wrong.

YOU'RE NOT ALONE

34. You Don't Have to Do This Alone

A friendly, patient person is one call away.

I hope this guide made Medicare telehealth feel a little less daunting and a lot more doable. Keep it in a drawer with your other home papers, come back to a page whenever you need it, and don't worry about memorizing anything. Nobody expects you to.

When you'd rather have a hand, that's exactly what I do. I come to your home, work at your pace, and never make you feel rushed or silly for asking. A first visit is a flat ninety-nine dollars, and for the parts that don't need me on-site I can often help right on your screen for less. Every visit comes with a 30-day, come-back-free guarantee.

I'm a patient tech helper — not a doctor, nurse, or your insurance company — so I stick to the technology: the apps, the logins, the cameras, the gadgets and getting them talking to each other. Anything about your health, your medicines, or what a number means, I'll always point you back to your doctor or nurse.

GOOD TO KNOW

When you call, I answer — or Sophie, my friendly AI helper, takes a message so nothing gets lost. Sophie isn't a runaround; she's just making sure I call you back.

TIP

Call or text me at (330) 200-8042, or visit BillsHomeTech.com. Serving Atwater and all of Portage County, with 30+ years of patient, plain-English tech help. If you're ever not 100% happy with a visit, I'll make it right or refund it. That's a promise. — Bill

CHEAT SHEET

Everyday Cheat Sheet

Keep this by the phone.

- In 2026 you can be at home for most telehealth visits — no drive to a clinic.
- Mental-health visits from home are permanent, and a plain phone call counts.
- Other visits: the home rule and defined audio-only run through December 31, 2027.
- You pay the usual 20% after your yearly Part B deductible; a supplement often covers that share.
- Medicare Advantage plans set their own rules — ask your plan what you pay.

- Nobody legitimate cold-calls offering a 'free' telehealth visit for your Medicare number. Hang up.
- An emergency is never a telehealth visit — call 911.
- Rules run on a clock — confirm the current status at [Medicare.gov](https://www.Medicare.gov) or 1-800-MEDICARE.

AT A GLANCE

A Picture to Follow Along

How a Telehealth Visit Works

From scheduling to seeing your doctor on a screen.



Illustration - a schematic, not to scale. Your setup may differ.

AT A GLANCE

A Second Look

Two Sets of Rules

Mental-health visits and everything else keep different clocks.

	Mental health	Other visits
From home?	Yes, permanent	Yes, through 2027
Audio-only?	Yes, permanent	Only set cases
After 2027?	Stays as is	Could change

Illustration - a schematic, not to scale. Your setup may differ.

BEFORE YOU GO

A Note From Bill

A quick note from Bill. I write these guides to make home tech a little less frustrating, and I do my best to keep every step accurate and up to date. Still, every home, device, and setup is a bit different, so I can't promise a guide will match yours exactly or fix your particular problem. These guides are for general information only — they're not professional, legal, or financial advice, and they don't replace your device's own manual or the manufacturer's instructions. Please go slow, use your own good judgment, and use everything here at your own risk. If a step involves electrical wiring, a gas appliance, a water heater, plumbing, or climbing a ladder — or if anything just doesn't feel safe — please stop and call a licensed professional (or give me a call at 330-200-8042). Bill's Home Tech and Bill Davis can't be responsible for any damage, data loss, or injury that results.



HOW I CAN HELP

Your Visit — and My Promise

In-home visit — \$99 flat for your first visit. No contracts and no surprise charges, and a 30-day follow-up is included.

Remote Support — \$49 for a screen-share session. I only connect with your permission, you watch the whole time, and you can end anytime. If I can't fix it over the screen-share, I refund the \$49 — and if it turns out you need me in person, that \$49 goes toward your visit. It's included free for Support Plan members (\$39/mo).

GOOD TO KNOW

My promise — If you're not 100% satisfied with your visit, I'll come back at no charge, or refund the full \$99. No questions, no awkwardness. That's how I'd want to be treated.

Call or text **(330) 200-8042** · Book a visit: **billshometech.com/book** · **bill@billshometech.com**

This free guide is for general information only — not professional advice, and no substitute for your device's own manual. Any prices or outside products mentioned can change; please confirm current details before you buy. Please use your own good judgment and follow it at your own risk — for anything involving electricity, gas, water, or heights, stop and call a licensed professional. Bill's Home Tech and Bill Davis can't be responsible for any damage, data loss, or injury that results. © 2026 Bill's Home Tech, LLC.