



Remote Patient Monitoring — What Medicare Covers and How to Ask

What Medicare Covers and How to Ask for It

————— **An Extended Guide · No. 1741** —————

Tech Made Simple. Service Made Personal.

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SUMMARY

The 60-Second Version

If you read one page first, make it this one. Remote patient monitoring (RPM for short) means your doctor gives you a connected device — most often a blood-pressure cuff, a scale, or a glucose sensor — and it quietly sends your readings to the office.

- A nurse or your doctor watches the numbers between visits.
- You usually take a reading most days — the program expects readings on at least 16 days in a month.
- Medicare Part B helps pay for it; after your yearly deductible you generally pay 20%, and supplemental coverage may pick that up.
- You don't choose any billing codes or do any paperwork — the office handles all of that. Your job is just to take the readings.

WATCH OUT

This is information, not medical advice. I help you set up and use 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 the device — call your doctor, or call 911 in an emergency.

THE BASICS

1. What Remote Patient Monitoring Actually Is

A doctor's checkup that keeps going between visits.

Think of a normal doctor's visit. They check your blood pressure, maybe your weight, and send you home. The trouble is that one reading is just a single snapshot. Remote patient monitoring turns that snapshot into a steady picture, by having you take readings at home and letting a small device send them to the office on its own.

The device does the sending. You don't have to log in, type numbers, or remember to email anyone. You take your reading the way you normally would, and the cuff or sensor passes it along over a cellular signal or your phone. A nurse on the other end watches for changes and reaches out if something looks off.

GOOD TO KNOW

The word "remote" just means "from a distance." Nothing about it is remote-controlled or complicated. It's your same reading, taken at home, shared automatically.

WHY IT HELPS

2. Why a Doctor Might Suggest It

It catches small changes before they become big ones.

Doctors tend to suggest remote monitoring for conditions that drift over time and respond to small adjustments — high blood pressure, heart failure, diabetes, and some lung conditions are the common ones. The idea is to notice a trend early, when a phone call or a small change in medicine can head off a hospital trip.

- High blood pressure that's being fine-tuned.
- Heart failure, where a few pounds of sudden weight gain can be an early warning sign worth catching.
- Diabetes, where blood-sugar patterns guide treatment.
- Recovery after a hospital stay, to make sure things keep heading the right way.

None of this replaces your visits. It fills in the long stretch between them, so your care team isn't flying blind for three months at a stretch.

THE GEAR

3. The Kinds of Devices Involved

Usually something you already know how to use.

The device depends on what's being watched. The good news is that most of them look and work like the ordinary versions you may have used before — the difference is a cellular chip or a Bluetooth link tucked inside.

- A blood-pressure cuff that wraps around your upper arm.
- A bathroom-style scale that remembers your weight.
- A continuous glucose sensor worn on the arm, or a finger-stick meter.
- A pulse oximeter that clips on a fingertip to read oxygen.
- A thermometer or a simple hub that gathers everything together.

TIP

Ask whether your device uses its own cellular signal or needs your home Wi-Fi or a phone. The cellular ones are the simplest — you unbox it, and it just works. That's a detail worth getting on the phone with the office before the device arrives.

THE HAND-OFF

4. How the Readings Reach Your Care Team

Automatically — that's the whole point.

When you finish a reading, the device sends the number to a secure system the clinic uses. Many devices do this over a built-in cellular signal, the same kind your cell phone uses, so there's nothing for you to set up. Others pair once with an app on a phone or tablet and then send readings whenever that device is nearby.

You generally don't get a screen full of charts to manage. The clinic sees the charts. You just take the reading and go about your day. If the office wants you to glance at an app, they'll show you which one and what to look for.

GOOD TO KNOW

Because the sending is automatic, a missed reading usually just means the office sees a gap that day — not a crisis. Take the next one when you can and carry on.

THE COVERAGE

5. What Medicare Covers in 2026

The plain-English version of the billing rules.

Medicare Part B helps pay for remote monitoring when your doctor orders it for a medical reason. The office bills a few services: one for the initial setup and teaching, one each month for supplying the device and collecting your readings, and one for the time your care team spends reviewing the numbers and talking with you.

You never touch those billing codes. What matters to you is the cost: after your yearly Part B deductible — a few hundred dollars in 2026 — Medicare generally pays 80% and you pay the other 20%. If you have a Medigap plan, Medicare Advantage, or Medicaid, that coverage may pay some or all of your share.

WATCH OUT

Coverage rules and the exact dollar amounts change year to year, and Medicare Advantage plans set their own terms. Before you enroll, ask the office what your out-of-pocket cost will be, and check Medicare.gov or call 1-800-MEDICARE if you want to confirm.

YOUR PART

6. The 16-Day Rhythm

What's actually expected of you each month.

For Medicare to cover the monthly device service, most programs need readings on at least 16 different days within a 30-day stretch. That sounds like a lot until you realize it's just about every other day — and most people end up taking a reading most mornings out of habit.

- Pick a regular time — many people do it with their morning coffee or before bed.
- It's fine to miss a day here and there; aim for the rhythm, not perfection.
- If you'll be traveling or in the hospital, let the office know so they're not puzzled by a gap.

TIP

Set a gentle daily alarm on your phone or a sticky note on the bathroom mirror for the first few weeks. Once it's a habit, you won't need the reminder.

THE ASK

7. How to Ask Your Doctor for It

The exact words to use.

You don't need any special language, but having a simple sentence ready makes it easy. At your next visit, or through a portal message, try something like this:

GOOD TO KNOW

"I'd like to keep a closer eye on my blood pressure (or weight, or blood sugar) between visits. Do you offer remote monitoring, and do you think I'd be a good fit for it?"

If your own doctor doesn't offer a program, ask whether the health system has one, or whether a cardiology or diabetes clinic nearby does. Not every practice participates, and that's all right — there's often another door to the same thing.

- 1 Bring it up at a visit or send a portal message.
- 2 Ask what device you'd get and whether it uses cellular or Wi-Fi.
- 3 Ask what it will cost you after Medicare pays.
- 4 Ask who to call if the device acts up — and write that number down.

SETUP

8. Setting Up the Device at Home

Most of it is done for you before it arrives.

The best part of a well-run program is that the hard setup happens before the box reaches your door. The device is usually registered to you in advance, so you open it, turn it on, and take a reading. If there's a step or two, it's spelled out on a single card in the box.

- 1 Open the box and find the device and its charger or batteries.
- 2 Charge it or put the batteries in if it isn't ready to go.
- 3 Turn it on and take one practice reading.
- 4 Call the number on the instruction card to confirm the office received it.

TIP

That first confirmation call is worth making even if everything seems fine. It tells you the readings are landing where they should — and it's exactly the kind of thing I'm glad to sit with you for if you'd rather not do it alone.

DO IT RIGHT

9. Taking a Reading Worth Trusting

A good reading beats a fast one.

The numbers are only as useful as the way you take them. For blood pressure in particular, small habits make a real difference, and your care team is counting on readings taken the same careful way each time.

- Sit with your back supported and both feet flat on the floor.
- Rest your arm on a table so the cuff is about level with your heart.
- Don't talk or check your phone during the reading.
- Empty your bladder first, and wait a few minutes after coffee or a cigarette.
- Put the cuff on a bare arm, not over a sleeve.

GOOD TO KNOW

If a reading looks surprising, wait a minute and take it again rather than yanking the cuff off. Two calm readings tell a truer story than one rushed one.

THE WATCHERS

10. Who Watches the Numbers

There's a real person on the other end.

Behind the device is usually a nurse or a trained care coordinator who reviews the readings coming in. They're not staring at your numbers every minute, but they watch for trends and for readings that cross a line your doctor set — a blood pressure that climbs, a weight that jumps, a blood sugar that won't settle.

When something stands out, they call. Sometimes it's to adjust a medicine, sometimes just to ask how you're feeling or whether you've been taking your pills. That phone call, prompted by a number, is the whole value of the program.

THE CALL

11. The Monthly Check-In

A short conversation that Medicare expects.

Most programs include at least one real conversation each month — a phone or video call where your care team goes over how things are going. Medicare actually requires that live contact for part of what it pays, so expect a call and don't be surprised by it.

- It's usually brief — a few minutes about your readings and how you feel.
- It's a good time to mention side effects, dizziness, or anything that's changed.
- Keep your pill bottles nearby in case they ask what you're taking.

TIP

Jot a note during the month whenever something feels off, and read it to them on the call. It's easy to forget the small stuff by the time the phone rings.

COUSINS

12. RPM, RTM, and Chronic Care Management

Three names you may hear — the plain difference.

You may hear a few different program names, and they blur together. Here's the short version, so you're not thrown by the letters.

- RPM (remote patient monitoring) watches body numbers a device measures — blood pressure, weight, glucose, oxygen.

- RTM (remote therapeutic monitoring) watches things you report yourself, mostly around breathing, physical therapy, or sticking with a treatment.
- CCM (chronic care management) isn't about a device at all — it's a monthly care-coordination service for people with two or more ongoing conditions.

You don't have to tell them apart or choose. Your doctor matches the program to your situation. It helps only to know the words so the paperwork doesn't look like a foreign language.

THE BILL

13. What It Costs You

And how to avoid a surprise.

Because remote monitoring is billed every month it's active, a small cost can show up on your statement each month, not just once. For most people with Original Medicare that's the 20% coinsurance after the yearly deductible, and a Medigap plan often covers that share.

- Ask the office for a plain estimate of your monthly out-of-pocket cost before you start.
- If you have a Medicare Advantage plan, ask the plan directly — its rules and costs differ.
- If money is tight, say so; there may be a program or a way to pause billing when you're not using the device.

WATCH OUT

If a company calls out of the blue offering you a "free" monitoring device and asks for your Medicare number, hang up. Legitimate monitoring comes through your own doctor, not a cold call. That's a common Medicare scam.

PRIVACY

14. Who Can See Your Numbers

Your readings go to your care team, not the world.

It's fair to wonder where your health numbers end up. Readings from a monitoring program flow into the same protected medical records your doctor already keeps, covered by the same privacy laws. They're for your care team, not for marketers.

- Ask who, specifically, reviews your data and what company runs the monitoring service.
- You can ask to see the privacy notice, the same as for any medical record.

- You can decline or stop the program at any time; it's your choice, not a contract that traps you.

FIX-IT

15. If the Device Won't Connect

A calm checklist before you worry.

Every now and then a device seems to go quiet. Nine times out of ten it's something small and fixable, and the office can tell on their end whether readings are arriving.

- 1 Check the battery — charge it or swap in fresh batteries.
- 2 If it pairs to a phone or tablet, make sure that device is on, nearby, and has its app open at least once in a while.
- 3 Turn the device fully off and back on.
- 4 Take a reading and wait a few minutes to see if it clears.
- 5 Still stuck? Call the program's help number — or give me a call.

GOOD TO KNOW

A connection hiccup is a technology problem, not a health problem. If you feel fine, there's no need to panic over a device that won't send for a day.

QUESTIONS

16. Common Worries, Answered

The things people actually ask me.

"Does this mean someone's watching me all the time?" No. They see readings, not a camera, and they look at trends, not every minute of your day.

"What if I take a bad reading?" Take another in a minute. One odd number won't trigger alarms; patterns are what matter.

"Can I still just call my doctor?" Always. The program adds a set of eyes between visits; it never replaces picking up the phone when you need to.

"What if I don't like it?" You can stop. Tell the office, send the device back if they ask, and that's that.

SAFETY

17. When to Call the Doctor — or 911

The device is a helper, not a lifeguard.

This matters, so I'll say it plainly. A monitoring device is not an emergency alert and not a substitute for care. If you have chest pain, trouble breathing, signs of a stroke, or you simply feel that something is very wrong, don't wait to see if a number sends — call 911.

WATCH OUT

Never assume "the nurse will see my reading and call." The program watches trends over days, not emergencies in the moment. For anything urgent, you reach out — to your doctor for concerns, or 911 for an emergency.

FIRST WEEK

18. What the First Week Looks Like

A gentle on-ramp, not a cram session.

The first few days feel new, then quickly become routine. Day one, you take a reading and confirm it landed. By the end of the week it's part of your morning, no more fuss than brushing your teeth. Give yourself grace while it's still unfamiliar.

- Day one: unbox, charge, take one practice reading, call to confirm.
- Days two and three: take a reading at your chosen time; notice how long it really takes (usually a minute or two).
- By the end of week one: you've got a rhythm, and the office has enough readings to see your normal range.

TIP

If week one feels clumsy, that's normal and temporary. It's also the perfect time for a visit from me — we set it up together once, and then you've got it.

HEART

19. If It's Your Weight and Your Heart

Why a scale can be a heart device.

For people with heart failure, a bathroom scale is one of the most useful tools there is. When the heart isn't pumping well, the body can hold onto fluid, and that shows up as a sudden jump on the scale before you feel much of anything. Catching that jump early can mean a quick change in a water pill instead of a hospital stay.

- Weigh at the same time each day, usually first thing in the morning after using the bathroom.
- Wear about the same amount of clothing each time.
- Your care team will tell you what jump matters for you — often a few pounds in a day or two.

WATCH OUT

A sudden weight gain with swelling in the legs or trouble breathing is worth a call to your doctor the same day — don't wait for the next scheduled check-in. Severe breathing trouble means 911.

SUGAR

20. If It's Your Blood Sugar

A steadier picture than finger sticks alone.

When diabetes is what's being watched, the device may be a glucose meter you already use or a small sensor worn on the arm. Either way, the point is the same: your care team sees the pattern, not just the one number you happened to check.

Patterns tell a story a single reading can't — that your morning numbers run high, say, or that something dips after lunch. That's the kind of thing that leads to a smart, small change rather than a guess.

GOOD TO KNOW

If you move to a worn sensor, there's a separate guide in this series just on reading those numbers — the time-in-range idea and the trend arrows. Ask me for it.

LUNGS

21. If It's Your Breathing

The little clip that reads your oxygen.

For some lung conditions, the device is a pulse oximeter — the small clip that slips onto a fingertip and reads the oxygen level in your blood along with your pulse. It's painless and takes seconds.

- Warm your hands first; cold fingers can throw the reading off.
- Take off dark nail polish on the finger you use.
- Rest your hand and hold still while it settles on a number.

WATCH OUT

Your doctor will tell you what oxygen number is normal for you and when to call. If you're suddenly short of breath or your lips look blue, that's a 911 situation, not a wait-and-see one.

CARE

22. Keeping the Device Happy

A little upkeep goes a long way.

These devices are built to be low-maintenance, but a few habits keep them sending reliably. Mostly it comes down to power and a clean, dry place to live between readings.

- Keep it charged, or keep a spare set of batteries on hand.
- Give it a regular home — a spot on the counter or nightstand so it's not wandering off.
- Wipe the cuff or sensor gently per the instructions; don't soak it.
- Keep it out of extreme heat or cold, like a hot car.

WATCH OUT

Charge it on the same schedule as something you already do — Sunday night, say — so it's never dead when you reach for it.

ON THE GO

23. Traveling With It

You can take your monitoring with you.

A trip doesn't have to mean a gap in your readings. Most devices travel fine; the main thing is to bring the charger and to know whether yours needs a signal it might not have in a remote spot.

- Pack the device and charger in your carry-on, not a checked bag.
- Cellular devices usually work wherever there's cell service; Wi-Fi ones need you to connect at the new place.
- Tell the office if you'll be away so a gap doesn't worry them.

THE END

24. How Long It Lasts and What Happens After

It's not forever unless it needs to be.

Monitoring isn't automatically a lifelong commitment. Sometimes it runs for a few months — long enough to get a blood pressure settled or to get you safely past a hospital stay — and then it ends. Other times, for a long-term condition, it simply continues.

- Ask up front whether this is short-term or ongoing.
- If it ends, you may be asked to return the device; follow the office's instructions for sending it back.
- Ending the program doesn't end your care — your regular visits carry on as always.

AFTER THE HOSPITAL

25. Monitoring After a Hospital Stay

The riskiest weeks, with a safety net.

The weeks right after a hospital discharge are when things are most likely to wobble, and they're a common reason a doctor sets up short-term monitoring. The device becomes a safety net during recovery, so a small slip gets caught before it sends you back.

You may also hear about "hospital at home," a program where certain patients are treated at home with daily clinician contact and monitoring instead of a hospital bed. It depends entirely on whether your local hospital runs one, so ask if you're curious — it isn't offered everywhere.

FOR THE HELPER

26. A Note for the Family Helper

If you're setting this up for a parent.

If you're the adult child or the spouse making this work, a few things make it smoother. The readings belong to the patient, so decisions and portal access flow through them, but you can be the steady hand that keeps the device charged and the rhythm going.

- Help pick a daily time and a permanent spot for the device.
- Ask the office whether you can be reached if a reading concerns them and your parent is hard to get on the phone.
- 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 run alone on a normal day, with you as backup — not one that depends on you being there every morning.

MYTHS

27. A Few Myths, Cleared Up

What it is — and isn't.

"It's a tracking device." It tracks a health number you choose to take, nothing else — not your location, not your movements.

"It'll call an ambulance for me." No. It's not an alert pendant. For emergencies you still call 911 yourself or press a real medical-alert button if you have one.

"Signing up locks me in." It doesn't. You can stop whenever you like.

"It replaces my doctor's visits." It adds to them. You'll still see your doctor the usual way.

YOUR TIME

28. Picking the Time That Sticks

The best time is the one you'll actually keep.

People worry about the "right" time to take a reading. For most things, consistency beats the clock — the same time each day matters more than which time. Blood pressure is often asked for morning and evening; weight is usually first thing in the morning; your office will tell you what fits your situation.

- Tie it to an anchor you already have: coffee, the morning news, brushing your teeth.
- If they want two readings a day, pick two anchors — breakfast and the evening weather, say.
- Weekends count too; don't let the rhythm slide on Saturday.

TIP

Write your chosen time right on the instruction card and tape it where the device lives. Future you will be grateful.

MEANING

29. What the Numbers Mean — and Don't

Context beats any single reading.

It's natural to react to a number, especially a high one. But a single reading is a moment in time, shaped by what you just ate, how you slept, whether you rushed in from the car. Your care team reads the trend across many readings, which is far more telling than any one.

That's why I gently discourage staring at each number and worrying. Take the reading, let it send, and let the people trained to read trends do the interpreting. If a number truly alarms you, that's a reason to call — not to lose sleep.

WATCH OUT

I can explain what a reading is and how to take it well, but I can't tell you what your numbers mean for your health. That's a conversation for your doctor or nurse — and they have the whole picture.

SYMPTOMS

30. Logging How You Feel, Too

The number plus the story is gold.

A reading is more useful when it comes with a little context. If you felt dizzy, slept poorly, forgot a pill, or had a salty dinner, a quick note helps your care team make sense of what they're seeing.

- Keep a small notebook or a notes app by the device.
- Jot the date, the reading, and one word about how you felt.
- Mention anything new at your monthly check-in call.

GOOD TO KNOW

Some monitoring apps let you add a note or tag to a reading. If yours does, use it — but a paper notebook works just as well.

THE TRENDS

31. Talking With Your Doctor About the Trends

Come to visits ready to make the most of the data.

One of the quiet benefits of monitoring is that your next visit starts from real information instead of a guess. You can walk in knowing your numbers have been steady, or ask directly about the pattern you've noticed.

- Ask: "What have my readings been showing you?"
- Ask whether any medicine change is because of the trend.
- Bring your symptom notes so the numbers have a story.

This turns a rushed appointment into a focused one. You and your doctor spend the time on decisions, not on trying to reconstruct the last three months from memory.

COST HELP

32. If the Monthly Share Is a Worry

There are usually options — just ask.

Because this is billed monthly, even a small coinsurance can add up over a year, and that's a fair thing to raise. Don't let cost quietly stop you from care that helps — bring it into the open and ask what can be done.

- A Medigap (supplement) plan often covers the 20% coinsurance.

- People with limited income may qualify for a Medicare Savings Program or Medicaid that helps with costs.
- Ask the office's billing staff directly — they've heard the question before and can lay out your real numbers.

GOOD TO KNOW

Deductibles and coinsurance reset each calendar year. If you start late in the year, ask how that affects what you'll pay in January.

THE PLANS

33. Medicare Advantage and Other Coverage

The rules can differ from Original Medicare.

Everything above describes how Original Medicare generally handles remote monitoring. If you have a Medicare Advantage plan, the benefit may be there too, but the plan sets its own rules, network, and costs. The only reliable answer is the one from your own plan.

- 1 Find the member-services number on the back of your plan card.
- 2 Ask whether remote patient monitoring is covered and what you'd pay.
- 3 Ask whether you must use a device or clinic in the plan's network.

TIP

Write down who you spoke with and when. If a bill later looks wrong, that note is worth its weight in gold.

BAD SIGNAL

34. What to Do on a No-Signal Day

A gap is a nuisance, not an emergency.

Now and then a cellular device can't find a signal, or the internet is down for a Wi-Fi one. Take your reading anyway and write it on paper; many devices will catch up and send stored readings once they reconnect.

- Still take the reading and note it by hand.
- Move the device near a window if it uses cellular.
- Reconnect to Wi-Fi once the internet is back.
- If it's down for days, call the help line so they know why readings paused.

A DAY

35. A Day in the Life

What this really adds up to day to day.

Strip away the clinical words and here's what monitoring looks like on an ordinary Tuesday. You get up, pour your coffee, and take your reading while it brews. The cuff tightens, the number shows, the device sends it along. You rinse your cup and go about your day. That's the whole of it most mornings.

Once a month the phone rings and a friendly voice asks how you've been and goes over your numbers for a few minutes. Every so often — maybe once in a while, maybe not for months — they call because something nudged out of range, and a small change gets made before it becomes a problem. The rest of the time, it's quietly doing its job in the background while you live your life.

GOOD TO KNOW

The goal isn't to make you think about your health more. It's to let you think about it less, because someone trustworthy is keeping half an eye on the numbers for you.

YOUR RIGHTS

36. Your Rights in the Program

You're in charge the whole way through.

It's worth knowing that this is always your choice. You agree to join, you can ask questions at any point, and you can leave whenever you like. Nothing about monitoring signs away your say in your own care.

- You give your consent to enroll, and you can withdraw it later.
- You can ask exactly what's collected, who sees it, and why.
- You can ask for your own readings; they're part of your record.
- Stopping the program never affects your right to regular care.

TIP

If anything about the program feels unclear or pushy, slow down and ask. A good program welcomes your questions. If you'd like a second set of ears when they explain it, that's something I'm glad to help with.

YOU'RE NOT ALONE

37. You Don't Have to Do This Alone

A friendly, patient person is one call away.

I hope this guide made remote monitoring 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 your device.

- Take your reading about the same time, most days (aim for 16+ days a month).
- Sit still, feet flat, arm at heart level, no talking — for blood pressure.
- Odd reading? Wait a minute and retake it.
- Expect one short check-in call a month; keep your pill bottles handy.
- Device won't send? Check the battery, restart it, then call the help number.
- Feeling truly unwell? Call your doctor — or 911 for an emergency. Don't wait on the device.

- Nobody cold-calls you with a free Medicare device. Hang up on that.

AT A GLANCE

A Picture to Follow Along

How Remote Monitoring Works

From your kitchen table to your care team — automatically.

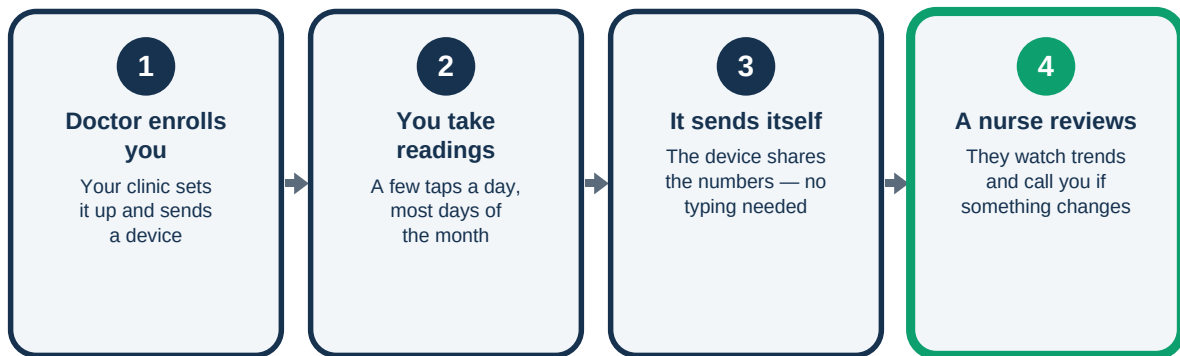


Illustration - a schematic, not to scale. Your setup may differ.

AT A GLANCE

A Second Look

Three Programs, Side by Side

Your doctor picks the one that fits — you don't have to.

	What it watches	Good fit for
RPM	Body numbers a device measures	BP, heart, diabetes, lungs
RTM	Things you log yourself	Breathing, therapy,
CCM	A monthly care plan, no device	Two or more conditions

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.