



Remote Therapeutic Monitoring (RTM) — The Newer Cousin of RPM

The Newer Cousin of RPM — and What You Report Yourself

————— **An Extended Guide · No. 1743** —————

Tech Made Simple. Service Made Personal.

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SUMMARY

The 60-Second Version

If you read one page first, read this one. Remote therapeutic monitoring — RTM for short — is a program where your therapist or clinic keeps up with your progress between visits, mostly from things you report yourself. You might log your home exercises in a little app, note how your breathing was, or mark whether you used your inhaler. It's the self-reported cousin of remote patient monitoring, where a device does the measuring and sending on its own.

- RTM covers three areas: your breathing (respiratory), your muscles and movement (physical therapy), and certain mental-health therapy.
- The key difference from RPM: in RTM you usually do the reporting yourself, rather than a device sending a body number automatically.
- Medicare Part B helps pay for it; after your yearly deductible you generally pay the usual 20% share, and supplemental coverage may pick that up.
- You don't pick any billing codes or handle paperwork — the clinic does all of that. Your job is just to log honestly and often.

WATCH OUT

This is information, not medical advice. I help you set up and use the technology — the app, the logging, the device if there is one. Your doctor, therapist, and nurse handle your health and any decisions about your care. If you ever feel truly unwell, don't wait for the app — call your doctor, or call 911 in an emergency.

THE BASICS

1. What Remote Therapeutic Monitoring Actually Is

A program built around what you report, not just what a device measures.

Picture the stretch between therapy appointments. You're sent home with exercises to do, or a breathing routine to keep up, and for weeks nobody really knows how it's going until you walk back in. Remote therapeutic monitoring fills that gap. You keep a simple daily log — usually in an app on a phone or tablet — and that log travels to your care team so they can follow along.

The word that matters here is "therapeutic." RTM is about your therapy and your treatment: how you're moving, how you're breathing, whether you're sticking with the plan. It's less about a single measured number and more about the honest story of your days between

visits.

GOOD TO KNOW

"Remote" simply means "from a distance," and "therapeutic" means "about your treatment." Put together, it's just your care team keeping up with your therapy from afar, using what you tell them.

THE COUSINS

2. How RTM Differs From RPM

Same family, one clear difference.

People mix these up, and that's understandable — the names rhyme and the idea is similar. The cleanest way to tell them apart is to ask one question: who does the reporting? In remote patient monitoring, a device does it. In remote therapeutic monitoring, you usually do.

- RPM watches body numbers a device measures and sends on its own — blood pressure, weight, blood sugar, oxygen.
- RTM follows things you report yourself — how your exercises went, how your breathing felt, whether you kept up a treatment.
- RPM lives in cardiology, diabetes, and heart-failure care; RTM lives in physical therapy, lung care, and certain mental-health therapy.
- Both are set up by your clinic, and both can be covered by Medicare Part B.

There's a companion guide in this series all about RPM and the connected devices it uses. I won't repeat that ground here — this guide stays on the self-reported side of the family. If body-number devices are what you're after, ask me for the RPM guide instead.

THE THREE AREAS

3. The Three Things RTM Covers

Breathing, movement, and certain therapy — and nothing else.

RTM isn't a catch-all. Medicare designed it around three specific areas, and if your situation doesn't fall into one of them, RTM isn't the right program. Knowing the three helps you understand why a therapist might bring it up.

- Respiratory — your breathing and lung conditions, including how you're using an inhaler or breathing device.

- Musculoskeletal — your muscles, joints, and movement, the world of physical and occupational therapy.
- Cognitive behavioral therapy — a specific kind of mental-health treatment, monitored between sessions.

GOOD TO KNOW

If a program is watching your blood pressure, your weight, or your blood sugar, that's RPM, not RTM. RTM stays inside those three therapy-minded areas. Your clinic picks whichever fits — you don't have to.

WHY IT HELPS

4. Why a Therapist Might Suggest It

The weeks between visits are where progress is won or lost.

Therapy works when you do the work at home, and the hard truth is that most of us drift once we're out of the office. Exercises get skipped on a busy day. A breathing routine slips. RTM gives your therapist a window into those weeks, so they can cheer you on, catch a problem early, and adjust the plan to what's really happening.

- Recovering from a knee or hip replacement, where daily home exercises decide how well you heal.
- A lung condition where regular breathing practice and inhaler use keep you steady.
- Back or joint pain being treated without surgery, where movement and pacing matter.
- A course of cognitive behavioral therapy, where practice between sessions is part of the treatment.

None of this replaces your appointments. It fills the long quiet stretch between them, so your therapist isn't guessing about the three weeks you were on your own.

DEVICE OR NO DEVICE

5. Do You Need a Special Device?

Sometimes just an app — sometimes a small gadget too.

Here's a pleasant surprise: a lot of RTM needs no special equipment at all. Often it's just an app on the phone or tablet you already own, where you tap in how your day went. Other programs add a simple gadget — a sensor that counts inhaler puffs, say, or a wearable that notices whether you did your exercises.

- App-only: you log your exercises, symptoms, or progress by hand each day.
- App plus a small device: the gadget records something — like inhaler use — and the app fills in the rest.
- Either way, the clinic sets it up and shows you how before you leave or during a video call.

WATCH OUT

Ask up front whether your program is app-only or comes with a device, and whether that app runs on the phone or tablet you already have. If you don't own one, say so — there's usually a plan for that, and it's exactly the kind of thing I can help you sort out.

THE LOG

6. What the Daily Logging Looks Like

A minute or two, most days.

The heart of RTM is a small daily habit. You open the app, answer a few simple questions, and close it again. It's built to be quick — a handful of taps, not a diary entry. The exact questions depend on what you're being treated for.

- A checkmark for "I did my exercises today," maybe with how many you managed.
- A simple scale for pain, stiffness, or how your breathing felt — often just tapping a face or a number.
- A yes or no for whether you used your inhaler or took a treatment.
- A short note box for anything you want your therapist to know.

GOOD TO KNOW

Honest beats flattering. If you skipped your exercises, log that you skipped them. Your therapist isn't grading you — they're adjusting your plan, and they can only do that well if the log tells the truth.

THE RHYTHM

7. How Often You're Expected to Log

Little and often, not long and rare.

RTM rewards a steady rhythm. For Medicare to cover the monthly service, the program needs enough days of your logging to add up — your clinic will tell you the target, and for many programs it works out to logging on most days of the month. The good news is each entry takes a minute, so the rhythm matters more than the effort.

- Pick a regular time — many people log right after their home exercises, while it's fresh.
- A missed day here and there is fine; aim for the habit, not perfection.
- If you'll be traveling or in the hospital, tell the clinic so a gap doesn't puzzle them.

GOOD TO KNOW

Set a gentle daily reminder on your phone for the first couple of weeks, or tie the log to something you already do each day. Once it's a habit, the reminder can go.

THE COVERAGE

8. What Medicare Covers

The plain-English version of the billing rules.

Medicare Part B helps pay for remote therapeutic monitoring when a qualified provider orders it for a medical reason. The clinic bills a few services behind the scenes: one for the initial setup and teaching, one each month for supplying the app or device and gathering your logs, and one for the time your care team spends reviewing your progress 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, confirmed each year — 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 clinic what your out-of-pocket cost will be, and check Medicare.gov or call 1-800-MEDICARE if you want to confirm the current figures.

WHO CAN ORDER IT

9. Who Can Set Up RTM

A wider door than you might expect.

One quietly useful difference between RTM and RPM is who's allowed to run it. RPM is generally ordered by physicians and certain other practitioners. RTM opened the door wider — physical therapists, occupational therapists, and speech-language pathologists can bill for it directly, which is why you may first hear about RTM from your therapist rather than your doctor.

- Your physical therapist may offer it as part of a rehab plan.
- A lung specialist or their clinic may offer it for breathing care.
- A mental-health provider may use it alongside cognitive behavioral therapy.

GOOD TO KNOW

Because a therapist can run RTM, don't be surprised if the offer comes at a PT clinic rather than your primary doctor's office. It's still a real, Medicare-recognized program.

THE ASK

10. How to Ask Your Doctor or Therapist

The exact words to use.

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

GOOD TO KNOW

"I'd like help staying on track with my home exercises (or my breathing, or my therapy) between visits. Do you offer remote therapeutic monitoring, and do you think I'd be a good fit?"

If your own provider doesn't offer it, ask whether the clinic or health system has a program, or whether a nearby physical-therapy or pulmonary practice does. Not every office 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 whether it's app-only or comes with a device.
- 3 Ask what it will cost you after Medicare pays.
- 4 Ask who to call if the app acts up — and write that number down.

SETUP

11. Setting Up the App at Home

Most of the fiddly part is done with you, not left to you.

A well-run program walks you through setup before you're on your own. Often the clinic helps you install the app and sign in right there, or does it over a video call. By the time you leave, you've usually logged one practice entry together, so the first real one at home feels familiar.

- 1 Install the app the clinic names — they'll give you the exact one.
- 2 Sign in with the login they set up; let them help if a code is needed.
- 3 Do one practice log together so you've seen every screen once.
- 4 Make sure you know the help number before you leave.

TIP

If setting up an app on your phone makes you nervous, you're far from alone, and it's exactly the kind of thing I'm glad to sit with you for. We get it working once, together, and then it's yours.

THE WATCHERS

12. Who Sees Your Logs

A real person on your care team — not a machine alone.

Behind the app is usually your therapist or a trained care coordinator who reviews what you log. They're not staring at it every minute, but they watch for patterns — exercises that keep getting skipped, pain that's climbing, breathing that's getting harder — and for anything that crosses a line your provider set.

When something stands out, they reach out. Sometimes it's to adjust your exercises, sometimes to ask how you're really doing, sometimes just to encourage you to keep going. That human follow-up, prompted by your own log, is the whole point of the program.

THE CALL

13. The Monthly Check-In

A short conversation Medicare expects.

Most RTM 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 ties part of what it pays to that live contact, so expect a call and don't be surprised by it.

- It's usually brief — a few minutes about your logs and how you're feeling.
- It's a good time to mention new pain, a setback, or anything that's changed.
- Have your exercise sheet or inhaler nearby in case they ask about it.

TIP

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

BREATHING

14. If It's Your Breathing

Keeping up with lung care between visits.

For lung conditions, RTM often centers on two things: how your breathing feels day to day, and whether you're using your inhaler or breathing treatments the way they were prescribed. You log those, and your care team watches for a slide before it turns into a flare-up.

- A quick daily note on how hard or easy your breathing felt.
- A yes or no on whether you used your inhaler or treatment.
- Sometimes a small sensor that notices inhaler use for you, so there's less to remember.

WATCH OUT

Logging your breathing is not the same as getting help in the moment. If you're suddenly much more short of breath, your lips look blue, or you can't catch your breath, that's a 911 situation — don't log it and wait.

MOVEMENT

15. If It's Physical Therapy

The home exercises are the treatment.

For muscle and joint care, RTM is mostly about your home exercise program. Your therapist assigns the moves, and you log which ones you did, how many, and how they felt. This is where RTM shines, because home exercises are notoriously easy to let slide, and a little accountability goes a long way.

- Log which exercises you did and roughly how many repetitions.
- Note your pain or stiffness so the therapist can tell if the plan is too much or too little.
- Some apps show a short video of each exercise, so you do them the right way at home.

GOOD TO KNOW

If an exercise hurts in a way that worries you, log it and say so — don't push through in silence. Your therapist would far rather adjust the plan than have you get hurt trying to keep a perfect streak.

THE MIND

16. If It's Cognitive Behavioral Therapy

Practice between sessions, gently tracked.

The third area RTM covers is cognitive behavioral therapy, a structured kind of talk therapy that relies on practice between sessions. Here the logging might be about mood, sleep, or the little exercises your therapist gives you to try during the week. It helps the therapist see how the work is landing in real life.

This is a sensitive area, and a good program treats it that way. The log is between you and your mental-health provider, protected like any other part of your medical record. You're never required to write more than you're comfortable sharing.

WATCH OUT

An app is a helper, not a crisis line. If you ever feel unsafe or in crisis, don't rely on a log — reach out right away to your provider, or call or text 988, the Suicide and Crisis Lifeline, or 911 in an emergency.

PRIVACY

17. Who Can See What You Report

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

It's fair to wonder where your logs end up, especially when they're about your pain, your breathing, or your mood. Entries from an RTM program flow into the same protected medical records your provider already keeps, covered by the same privacy laws. They're for your care team, not for marketers.

- Ask who, specifically, reviews your logs and what company runs the app.
- 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 trap.

TIP

If the app ever asks to connect to your social media or your contacts, it doesn't need that to do its job. Say no, and ask the clinic if you're unsure why it's asking.

THE BILL

18. What It Costs You

And how to avoid a surprise.

Because RTM 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 clinic 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 help, or a way to pause billing when you're not using it.

WATCH OUT

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

SAME MONTH

19. Can You Have RTM and RPM Together?

Sometimes — but not for the same thing.

It's a reasonable question, because some people do have more than one thing going on. The short answer is that the programs can sometimes run together, but there are rules about not billing both for the very same issue in the same month. This is squarely the clinic's job to sort out, not yours.

What this means for you is simple: you don't have to referee the billing. If your situation calls for both — say, a heart condition watched by RPM and a knee recovery followed by RTM — your providers coordinate it. Your only job is to keep up your end of each one.

GOOD TO KNOW

If you're ever asked to log the same thing twice in two different apps, mention it to the clinic. That's usually a sign something could be streamlined — and worth a quick question.

FIX-IT

20. If the App Won't Cooperate

A calm checklist before you worry.

Every now and then an app freezes, won't sign in, or seems to lose your entry. Nine times out of ten it's something small and fixable, and the clinic can see on their end whether your logs are arriving.

- 1 Make sure your phone or tablet is connected to Wi-Fi or cell data.
- 2 Close the app fully and open it again.
- 3 Check that the app has any update waiting in the app store.
- 4 Restart the phone if it's still stuck, then try one more time.
- 5 Still stuck? Call the program's help number — or give me a call.

GOOD TO KNOW

An app glitch is a technology problem, not a health problem. If you feel fine, there's no need to panic over a log that won't send for a day. Write it on paper and enter it when the app is back.

QUESTIONS

21. Common Worries, Answered

The things people actually ask me.

"Does this mean someone's watching me all the time?" No. They see what you log, not a camera, and they look at patterns over days, not every minute.

"What if I forget to log for a day?" It's fine. Aim for the rhythm, not perfection. A missed day is a gap, not a crisis.

"What if I'm honest that I skipped my exercises?" That's exactly what they need to know. The log helps them help you; it isn't a report card.

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

SAFETY

22. When to Call the Doctor — or 911

The app is a helper, not a lifeguard.

This matters, so I'll say it plainly. An RTM app is not an emergency alert and not a substitute for care. If you have chest pain, severe trouble breathing, signs of a stroke, a bad fall, or you simply feel that something is very wrong, don't stop to log it — call 911.

WATCH OUT

Never assume "the therapist will see my log and call." The program follows progress 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

23. 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 log once and make sure it landed. By the end of the week, opening the app is part of your day, no more fuss than checking the weather. Give yourself grace while it's still unfamiliar.

- Day one: install, sign in, log one practice entry, confirm it sent.
- Days two and three: log at your chosen time; notice it only takes a minute.
- By the end of week one: you've got a rhythm, and the clinic has enough entries to see your starting point.

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.

A DAY

24. A Day in the Life

What this really adds up to day to day.

Strip away the clinical words and here's what RTM looks like on an ordinary Tuesday. You do your home exercises after breakfast, then open the app and tap through a few quick questions — which exercises you did, how your knee felt, a word in the note box. Thirty seconds, and it's sent. You close the app and go about your day.

Once a month the phone rings and a friendly voice goes over how you've been doing for a few minutes. Every so often they call because your logs showed something worth a tweak — an exercise eased off, a new one added — and a small change gets made before a setback takes hold. The rest of the time, it's quietly keeping your therapist in the loop while you live your life.

GOOD TO KNOW

The goal isn't to make you think about your therapy all day. It's to let you think about it less, because someone trained is keeping half an eye on your progress for you.

FOR THE HELPER

25. 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 logs belong to the patient, so decisions and account access flow through them, but you can be the steady hand that keeps the phone charged and the daily habit going.

- Help pick a daily time and tie the log to a routine your parent already has.

- Ask the clinic whether you can be reached if a log concerns them and your parent is hard to reach.
- 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 to tap the buttons.

MYTHS

26. A Few Myths, Cleared Up

What RTM is — and isn't.

"It's spying on me." It follows what you choose to log about your therapy, nothing else — not your location, not your movements, not your other apps.

"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 therapy visits." It adds to them. You'll still see your therapist the usual way.

HONESTY

27. Why Honest Logging Matters Most

The log only helps if it's true.

There's a quiet temptation to make the log look good — to tap "did my exercises" on a day you didn't, so nobody's disappointed. I understand the impulse, but it works against you. Your care team adjusts your plan based on what you report, so a rosy log leads to a plan that doesn't fit your real life.

The flip side is just as true. If you log honestly that an exercise was too hard or a treatment made you feel off, your therapist can change course. The log is a conversation, not a test — and the most helpful thing you can do is tell it straight.

GOOD TO KNOW

Nobody expects a perfect record. Therapists have seen every kind of week. An honest "I only managed two days this week" is worth more to them than a flawless streak that isn't real.

THE END

28. How Long It Lasts and What Happens After

It's not forever unless it needs to be.

RTM isn't automatically a lifelong commitment. Often it runs for a stretch of weeks or months — long enough to get you through a recovery or to steady a routine — and then it ends when your course of therapy does. For a long-term condition, it may simply continue.

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

THE VISIT

29. Making the Most of Your Next Visit

Walk in with a month of real information.

One of the quiet benefits of RTM is that your next therapy visit starts from real information instead of a foggy memory. Your therapist can already see how your month went, so the appointment goes straight to what matters — what to change, what to add, what's working.

- Ask: "What have my logs been showing you?"
 - Ask whether any change to your exercises or routine comes from the pattern they've seen.
 - Bring up anything your logs didn't capture — a good week, a bad fall, a new worry.
- This turns a rushed appointment into a focused one. You and your therapist spend the time on decisions, not on trying to reconstruct the last month from memory.

YOUR DEVICE

30. Logging Without a Smartphone

There's usually a way, even if you're not a phone person.

Not everyone has a smartphone or wants one, and that shouldn't shut you out of a program that could help. Ask the clinic how they handle it — the answer varies, but there's often a path that doesn't lean on a phone you don't have or don't like.

- Some programs work on a tablet the clinic helps you set up.
- Some can take your logs by a simple phone call or a text message.
- Some supply a small, dedicated device so there's no app to wrestle with at all.

TIP

If the only barrier is the technology itself, that's my favorite kind of problem to solve. Tell the clinic what you're comfortable with, and let me help bridge the gap so the program fits you, not the other way around.

THE PLANS

31. Medicare Advantage and Other Coverage

The rules can differ from Original Medicare.

Everything above describes how Original Medicare generally handles remote therapeutic 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 therapeutic monitoring is covered and what you'd pay.
- 3 Ask whether you must use a clinic or therapist 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.

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 course of therapy, 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 clinic'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 come January.

YOUR RIGHTS

33. 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 RTM 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 to see your own logs; 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

34. You Don't Have to Do This Alone

A friendly, patient person is one call away.

I hope this guide made remote therapeutic 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 phone or tablet.

- RTM is the self-reported cousin of RPM — you log it; a device doesn't send it.
- It covers three areas only: breathing, physical therapy, and cognitive behavioral therapy.
- Log at about the same time most days — tie it to a routine you already have.
- Be honest, even on a skipped day; the log helps them adjust your plan.
- Expect one short check-in call a month; keep your exercise sheet or inhaler handy.
- App won't send? Check your connection, restart it, then call the help number.

- Feeling truly unwell? Call your doctor — or 911 for an emergency. Don't log it and wait.
- Nobody cold-calls you with a free Medicare program. Hang up on that.

AT A GLANCE

A Picture to Follow Along

How RTM Works

You do the reporting — then your therapist reviews it.

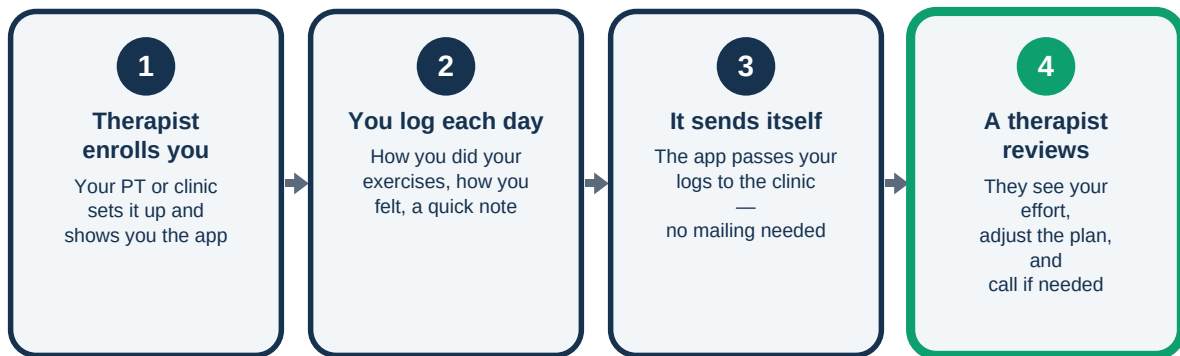


Illustration - a schematic, not to scale. Your setup may differ.

AT A GLANCE

A Second Look

RTM and RPM, Side by Side

The big difference is who does the reporting.

	Who reports	What it watches
RPM	A device, automatically	Body numbers like BP
RTM	Mostly you, yourself	Breathing, therapy, mood
Both	Set up by your clinic	Medicare may help pay

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**

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