



Telehealth for Mental Health — How Medicare Covers It in 2026

How Medicare Covers It in 2026 — by Phone or Video, from Home

————— An Extended Guide · No. 1762 —————

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. Getting mental-health support — talk therapy, counseling, a psychiatry visit — by phone or video is a regular, covered part of Medicare. For mental health specifically, you can be at home, and a plain phone call counts if video isn't your thing. None of that is going away.

- It's a permanent Medicare benefit for mental and behavioral health — from home, with audio-only (phone) allowed.
- Medicare Part B helps pay. After your yearly deductible you generally pay 20%, and a supplement may cover that share.
- You don't need any special equipment — a phone is enough, and a tablet or computer works for video.
- You are not alone, and you don't have to wait for an appointment to get help. If you're in crisis, you can call or text 988 right now.

WATCH OUT

This is information about the technology and the coverage, not medical advice or therapy. I can help you get connected and comfortable with the screen. The care itself is between you and your provider. If you are ever in crisis or thinking of harming yourself, don't wait — call or text 988, or call 911 in an emergency. Help is available right now.

THE BASICS

1. What Mental-Health Telehealth Really Is

A regular visit, just over the phone or a screen.

Strip away the long word and it's simple. Telehealth means meeting your counselor, therapist, or psychiatrist over the phone or by video instead of in person. You sit in your own chair, they sit in their office, and you talk the same way you would across a desk. The conversation is the same; only the distance between you is different.

People use it for all the ordinary reasons someone sees a mental-health provider — feeling low, anxious, grieving a loss, trouble sleeping, stress that won't let up, or just wanting someone steady to talk things through with. It also covers medication visits with a psychiatrist, where you check in on how something is working.

GOOD TO KNOW

You may hear it called "telehealth," "telemental health," "virtual visits," or "behavioral health." They all point to the same thing: real care from a real person, delivered through a phone or a screen.

THE GOOD NEWS

2. Why This One Is Here to Stay

For mental health, Medicare made it permanent.

Here's the part worth holding onto. A lot of Medicare's telehealth rules are set to run only through the end of 2027, and Congress has to keep renewing them. Mental-health telehealth is different. For behavioral and mental-health care, being at home and using a video or even an audio-only call is a permanent part of Medicare — not a temporary measure waiting to expire.

That matters because it means you can settle into a routine with a provider without worrying that the rug will be pulled out next year. You can build a relationship with a counselor over months and know the way you meet won't suddenly vanish.

GOOD TO KNOW

Lawmakers singled out mental health for permanent coverage because getting to an appointment is often the very thing standing in the way — a hard drive, a bad day, or living far from a provider. Removing that barrier was the whole point.

THE DIFFERENCE

3. Permanent vs. Extended — Why It Helps to Know

Not all telehealth stands on the same footing.

You may read scary headlines about Medicare telehealth "expiring." Those stories are almost always about the other kind — a video visit with your regular doctor for a rash or a follow-up. Those broader allowances are extended through the end of 2027 and depend on Congress renewing them, as it has done before.

Mental-health telehealth is carved out and made permanent. So if a news story leaves you anxious about losing your therapy visits, take a breath: that headline most likely isn't about your care. When in doubt, the plain answer is on Medicare.gov, or a quick call to

1-800-MEDICARE.

WATCH OUT

Rules and dates do shift, and Medicare Advantage plans set their own terms. If something you read worries you, confirm it at Medicare.gov or by calling 1-800-MEDICARE before you let it change your plans.

FROM HOME

4. Yes — You Can Be at Home

No rural address, no special clinic required.

For some kinds of telehealth, Medicare has long had fussy rules about where you have to be sitting — in a rural area, at an approved clinic, and so on. Mental-health care is free of all that. You can be in your living room in town, your bedroom, or your kitchen table. Your home is an approved place, period.

That's a genuine relief for anyone who finds leaving the house hard — whether it's mobility, no easy ride, a long winter, or simply a day when getting dressed and out the door feels like too much. The care comes to you, in the one place you already feel safest.

GOOD TO KNOW

Because your home counts, you don't need anyone's permission slip or a trip to a clinic to "start" telehealth. You book the visit and take it wherever you are.

JUST A PHONE

5. A Plain Phone Call Counts, Too

Audio-only is allowed — and it's not second-best.

Not everyone wants to be on camera, and not everyone has a device for video. For mental health, Medicare permanently allows audio-only visits — meaning a regular phone call, no video at all. You pick up the phone, your provider calls or you call them, and you talk.

Some people actually prefer the phone. There's something easier about talking honestly when you're not watching your own face in a little box, or worrying about what's behind you. A voice-only conversation can feel more like an old-fashioned heart-to-heart. If that's you, know that it's a fully covered, legitimate way to get care.

WATCH OUT

When you book, say plainly whether you want video or just a phone call. Both are fine. Saying so up front means no one is waiting on a video link that you never planned to use.

THE COST

6. What It Costs on Medicare

The same share as a visit in the office.

The money side is refreshingly ordinary. A mental-health televisit is generally billed the same as the same visit in person. Medicare Part B helps pay. 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 (supplement) plan, Medicare Advantage, or Medicaid, that coverage often picks up some or all of your 20% share. You don't deal with any billing codes — the provider's office handles all of that. Your job is just to show up for the visit.

WATCH OUT

The exact deductible and any plan-specific costs change year to year, and Medicare Advantage plans set their own rules and networks. Before you start, ask the office what your out-of-pocket cost will be, and confirm at [Medicare.gov](https://www.medicare.gov) or 1-800-MEDICARE if you want to be sure.

WHO HELPS

7. Who Can See You

The people Medicare covers for mental-health care.

Several kinds of providers can see you by phone or video and be covered. You don't have to know the differences cold — but it helps to recognize the titles so the list of options doesn't look like alphabet soup.

- Psychiatrists — medical doctors who can prescribe and manage medicines for mental health.
- Psychologists — who provide talk therapy and testing, but generally don't prescribe.
- Clinical social workers and licensed counselors — who provide counseling and talk therapy.

- Marriage and family therapists and mental-health counselors, who Medicare began covering more recently.

GOOD TO KNOW

If you just want someone to talk to, a counselor, social worker, or psychologist is usually the place to start. A psychiatrist is the one to see when medicine is part of the picture.

GETTING STARTED

8. How to Find a Provider

Three good doors into the same room.

The hardest part is often just knowing where to begin. There's no single right way, so use whichever door is easiest for you. You don't have to figure this out alone — ask for help getting started, same as you would with any other appointment.

- 1 Ask your regular doctor. They can often refer you and may know who's taking new patients.
- 2 Call the number on the back of your Medicare or plan card and ask for in-network mental-health providers who offer telehealth.
- 3 Use the Medicare.gov care-finder, or a health system's website, and filter for virtual or telehealth visits.

TIP

When you call a provider's office, two questions settle most of it: "Do you take my Medicare coverage?" and "Can we do the visit by phone or video?" If yes and yes, you're most of the way there.

FIRST STEP

9. Booking That First Visit

What to expect when you call or sign up.

Once you've found someone, booking is much like any appointment. You'll give your name, your Medicare information, and a reason for the visit in a sentence or two — you don't have to explain everything to the scheduler. Keep it simple: "I'd like to talk to someone about feeling anxious," is plenty.

- Have your Medicare card (and any supplement or plan card) handy when you call.
- Say whether you want video or a phone-only visit.

- Ask how you'll get the link or call, and what time to be ready.
- Ask whether there's any paperwork to fill out beforehand — often it's a short online form.

GOOD TO KNOW

Wait times vary. If the first provider is booked out for weeks, it's fine to ask who else is available sooner, or to get on a cancellation list. You're allowed to shop for a good fit.

THE FIRST VISIT

10. What a First Televisit Is Like

Mostly getting to know each other.

A first visit is gentler than people fear. It's mainly the provider getting to know you — what brought you in, a bit of your history, how you've been sleeping and eating, what you're hoping for. You won't be put on the spot or expected to spill everything at once. You share what you're ready to share.

It usually runs somewhere around forty-five minutes to an hour, though that varies. By the end, you'll often agree on a rough plan — how often to meet, whether to try talk therapy, medicine, or both. If it's a good fit, you book the next one. If it isn't, that's useful to know too, and you can try someone else.

WATCH OUT

It's normal to feel nervous before the first one. Jot down a few things you want to mention so they don't slip your mind, and remember you can go at your own pace. There are no wrong answers in that chair.

YOUR SPACE

11. Setting Up a Private, Quiet Spot

Where you sit matters more than any gadget.

The single thing that makes a home visit feel right is a spot where you can speak freely without being overheard. It doesn't need to be fancy — a bedroom with the door closed, a corner of the den, even your parked car in the driveway if that's the quietest place you've got. The goal is privacy and calm.

- Pick a room with a door you can close.

- Let anyone else at home know you'll be on a private call for an hour and ask not to be interrupted.
- Have a glass of water, a box of tissues, and anything comforting within reach.
- Turn off the TV or radio so background noise doesn't creep in.

GOOD TO KNOW

If home truly isn't private — a full house, thin walls — a parked car or a quiet corner with headphones works well. You deserve to talk without feeling listened in on.

THE TECH

12. The Plain Tech Side

Less than you think — usually one tap.

The technology is simpler than the word "telehealth" makes it sound. For a video visit, the office sends a link by text or email. At your appointment time, you tap the link, and it opens the video — no account to create, no app to wrestle with most of the time. For a phone visit, they simply call you, or you call them. That's the whole of it.

- Video needs a phone, tablet, or computer with a camera — most already have one built in.
- You'll usually tap "allow" when it asks to use your camera and microphone. That's normal; say yes.
- A phone visit needs nothing but your telephone.
- Plug in or charge your device beforehand so it doesn't die mid-visit.

GOOD TO KNOW

Do a practice run the day before if you can — open the link, see that your camera works, find the volume. Fumbling with buttons is a lot less stressful when it's not your actual appointment time. This is exactly the kind of thing I'm glad to set up with you once.

HEADPHONES

13. A Word About Headphones

The easiest privacy upgrade there is.

If there's one small thing that makes a home visit more private, it's a pair of headphones or earbuds. With them, only you hear your provider's voice — the other half of the conversation stays in your ears, not out loud in the room. Any cheap pair works, wired or wireless.

They help the sound quality too. Headphones with a little microphone usually pick up your voice more clearly and cut out room echo, so you don't have to lean toward the screen or repeat yourself. It's a couple of dollars' worth of comfort.

TIP

Wired earbuds are the most foolproof — plug them in and they just work, nothing to pair or charge. If yours are wireless, charge them the night before so they're ready.

PRIVACY

14. Is It Confidential?

The same privacy as any medical visit.

It's a fair worry: if I'm on a screen, where does all this go? The reassuring answer is that a telehealth mental-health visit is protected by the same privacy laws as a visit in the office. Providers use secure, private video systems meant for health care, and what you say stays in your protected medical record.

- Providers are required to use private, secure connections — not a casual public video call.
- What you share is confidential, the same as in-person care, with the same narrow legal exceptions for safety.
- You can ask who, if anyone, else is in the room on their end — the answer should be no one unless you agree.
- You can ask them not to record, and to confirm the visit isn't being recorded.

WATCH OUT

Your side of the call is only as private as your room. Use headphones and a closed door, and don't take the visit on public Wi-Fi in a coffee shop where others can hear you. The provider protects their end; you protect yours.

RIGHT NOW

15. If You Need Help Today

You don't have to wait for an appointment.

I want to be very clear and very gentle about this, because it's the most important page in the guide. This guide is about getting ongoing care set up — it is not a substitute for care, and it is not for a crisis. If you are struggling right now, or thinking about harming yourself, you do not have to wait for a booked appointment. Help is available this minute.

- Call or text 988 — the Suicide and Crisis Lifeline — any time, day or night. It's free and confidential.
- You can also chat online at 988lifeline.org.
- If you or someone with you is in immediate danger, call 911.
- Veterans can call 988 and press 1 to reach the Veterans Crisis Line.

WATCH OUT

Reaching out is a sign of strength, not weakness, and the people at 988 are kind, trained, and there for exactly this. You are not a burden. If you're in doubt about whether to call, that's reason enough to call.

GETTING READY

16. Preparing for Your Session

A few minutes of setup, then just be yourself.

A little preparation takes the jitters out of the day. You don't have to script anything — a session works best when you speak freely — but a short setup routine means the first few minutes aren't spent fiddling with the screen instead of talking.

- 1 Ten minutes before, settle into your private spot and close the door.
- 2 Charge or plug in your device, and put your headphones in.
- 3 Open the link a few minutes early so you're not rushing.
- 4 Have water, tissues, and your note of what you'd like to mention nearby.
- 5 Take a slow breath. You've done the hard part just by showing up.

GOOD TO KNOW

Many systems put you in a "virtual waiting room" until the provider joins. A quiet screen for a minute or two is normal — it doesn't mean anything is broken.

PICK ONE

17. Video or Phone — Which to Choose

Whichever helps you talk more freely.

Neither one is better; they're just different, and the right choice is whatever helps you open up. Some people find seeing a kind face on the screen reassuring and connecting. Others find the camera distracting and feel freer on a plain phone call. Both are fully covered for mental-health care.

- Choose video if seeing the person helps you feel connected, or if your provider wants to read your expressions.
- Choose phone if video makes you self-conscious, if your internet is shaky, or if you simply prefer it.
- You can switch. If one isn't working for you, say so and try the other next time.

TIP

If technology stresses you out, start with a phone visit. It removes every bit of the "will the video work" worry and lets you focus entirely on the conversation.

STIGMA

18. It's Okay to Ask for Help

Seeing someone is ordinary, and it's brave.

Many people of a generation that was taught to "tough it out" carry a quiet shame about seeing a counselor. I want to set that down gently. Tending to your mind is no different from tending to your blood pressure or your knees. It's maintenance, not weakness, and an enormous number of people do it.

Feeling low, anxious, lonely, or stuck after a loss is not a character flaw and not something you have to earn your way out of alone. Talking to someone trained to listen is one of the most practical, down-to-earth things you can do for yourself. Doing it from your own living room only makes it easier to start.

GOOD TO KNOW

You don't need a diagnosis or a crisis to deserve support. "I've been feeling off and I'd like to talk to someone" is a perfectly good reason to book a visit.

FIX-IT

19. If the Video Won't Cooperate

A calm checklist — and a simple fallback.

Technology picks the worst moments to act up, but the fixes are usually quick, and there's always a backup. If the video freezes or won't start, don't panic — you have options, and the office is used to this.

- 1 Close the link and tap it again to reopen it.
- 2 Check that you tapped "allow" for the camera and microphone.
- 3 Move closer to your Wi-Fi router, or switch the device off and back on.
- 4 Still stuck? Call the office — the visit can almost always just become a phone call instead.

GOOD TO KNOW

Because audio-only is fully covered for mental health, a video that won't work is never the end of the appointment. Worst case, you talk by phone — and that counts just the same.

A SESSION

20. A Session in the Life

What it really looks like on an ordinary week.

Picture a Thursday morning. You've had your coffee. A few minutes before ten, you settle into the armchair in the bedroom, close the door, and pop your earbuds in. You tap the link on your tablet, wait a moment in the little waiting screen, and then there's your counselor, saying good morning.

For the next hour you talk — about the week, about what's been weighing on you, about something that went well. She listens, asks a few questions, maybe suggests something to try. At the end you pick a time for next week, close the tablet, and go put the kettle on. No drive, no parking, no waiting room. Just an hour that was yours.

GOOD TO KNOW

That ease is the whole point. When care fits into your week without a production, you're far more likely to keep going — and consistency is where the real benefit lives.

QUESTIONS

21. Common Worries, Answered

The things people quietly wonder.

"Is a phone call as good as being there?" For many people, yes — talk therapy and medication check-ins translate well to phone and video. Your provider will say if something truly needs an in-person look.

"Will my family find out?" Your visits are confidential, the same as any medical care. What you choose to share with family is entirely up to you.

"What if I cry or can't find words?" That's welcome and completely normal. A good provider gives you all the time you need, and silence is allowed.

"What if I don't like them?" You can try someone else. Fit matters in this kind of care, and looking for a better match is sensible, not rude.

MEDICINE

22. If Medicine Is Part of It

Psychiatry visits work over video and phone, too.

If part of your care involves medicine for mood, anxiety, or sleep, a psychiatrist or other prescriber can often manage that over telehealth as well. These visits tend to be shorter check-ins — how are you feeling, any side effects, is the dose right — rather than long talk sessions.

- Keep your pill bottles nearby so you can read off exactly what you're taking.
- Jot down any side effects or changes before the visit so you don't forget.
- Ask how refills and the pharmacy will be handled between visits.

WATCH OUT

I can help you get to the visit and be ready for it, but I can't advise you on any medicine or whether to change a dose. Never start, stop, or change a medication on your own — that's a conversation for your prescriber.

THE IN-PERSON RULE

23. Will You Ever Have to Come In?

There's a rule in the background — ask your provider.

There has been back-and-forth in Washington about whether Medicare will eventually ask telehealth mental-health patients to have an occasional in-person visit — one near the start and one each year. The timing has been pushed back more than once, and as things stand it isn't being enforced the way it was first written.

The honest answer is that this detail can change, so it's a good thing to simply ask your provider: "Do I need to come in at any point, or can we keep meeting by video or phone?" They'll know the current rule and any exceptions, and they'll tell you if anything is needed.

GOOD TO KNOW

Even where an in-person visit does apply, there are exceptions when travel would be a real hardship. Don't let the possibility stop you from starting — ask, and let your provider sort it out with you.

MYTHS

24. A Few Myths, Cleared Up

What telehealth therapy is — and isn't.

"It's going to disappear next year." Not for mental health. That coverage is permanent, from home, phone or video.

"I need fancy equipment." You need a telephone. A tablet or computer is a bonus for video, not a requirement.

"A screen can't be real therapy." For talk therapy and most psychiatry, research and long experience show it works well. The connection is with the person, not the room.

"It's only for serious problems." It's for whatever is on your mind — stress, grief, loneliness, a rough stretch. You don't have to be in crisis to deserve it.

FOR THE HELPER

25. A Note for the Family Helper

If you're helping a parent or spouse get started.

If you're the one setting this up for someone you love, your help can be the difference between a visit that happens and one that never gets booked. The care itself is private and belongs to them — but the logistics are where you can quietly carry the load.

- Offer to help find a provider and make the first call, then step back for the visit itself.
- Set up the device, the link, and the headphones ahead of time so they only have to tap once.
- Help them pick a private room and agree to give them real privacy during the session.
- Respect that what's said in the visit is theirs to share or keep.

GOOD TO KNOW

The most loving setup is one they can manage alone on a normal day, with you as backup — not one that depends on you being there in the room each time.

STAYING WITH IT

26. Sticking With It

The benefit comes from showing up, gently and regularly.

The first visit is a brave start, and the real value builds over the ones that follow. It's normal for an early session or two to feel awkward before it finds its rhythm. Give it a few visits before you decide whether it's helping — much like a new pair of glasses, it can take a moment to settle in.

- Keep a standing time each week or two so it becomes routine, not a decision you have to make each time.
- Tell your provider honestly if something isn't working — that's part of the work, not a complaint.
- Notice small improvements; progress in this is usually quiet and gradual, not a sudden switch.

TIP

Put the appointment on your calendar and set a reminder, the same as any important date. The regularity is where the help really lives.

THE PLANS

27. Medicare Advantage and Supplements

The coverage may look a little different.

Everything here describes how Original Medicare generally handles mental-health telehealth. If you're on a Medicare Advantage plan, the benefit is there too, but the plan sets its own network and may handle costs and referrals its own way. The reliable answer always comes from your own plan.

- 1 Find the member-services number on the back of your plan card.
- 2 Ask whether mental-health telehealth is covered and what you'll pay.
- 3 Ask whether you must use a provider in the plan's network, or need a referral first.

TIP

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

SAFETY

28. When to Reach Out Right Away

Some things shouldn't wait for an appointment.

A scheduled visit is for ongoing care. It is not the place to turn when things feel like an emergency. If you reach a point where you're thinking about harming yourself, or you feel you're in danger, please don't wait for your next session — reach out for help in the moment.

WATCH OUT

This guide helps with the technology and the coverage — it is not therapy, not medical advice, and not a crisis service. If you are in crisis or thinking of harming yourself, call or text 988 right now, or call 911 in an emergency. There are kind people ready to help you this minute.

YOUR RIGHTS

29. You're in Charge the Whole Way

This is your care, on your terms.

It's worth remembering that every bit of this is your choice. You decide whether to start, who to see, how often to meet, and whether to continue. You can ask any question, pause, or stop at any time. Nothing about telehealth signs away your say in your own care.

- You can choose your provider and switch if the fit isn't right.
- You can ask for phone instead of video, or the other way around.
- You can ask what's in your record and who can see it.
- You can stop any time — it never affects your other medical care.

TIP

If anything about getting started feels confusing or overwhelming, slow down and ask for help with just the technology — the link, the camera, the headphones. That part, I'm always glad to sit with you for.

FIRST WEEK

30. Your First Couple of Weeks

A gentle on-ramp, not a leap.

The start of something new deserves patience. The first week is mostly about getting connected — finding a provider, booking, and sorting out the simple technology. By the second visit, the mechanics fade into the background and you're just talking. Give yourself grace while it's still unfamiliar.

- Week one: find someone, book the visit, and do a quick practice with the link or your phone.
- First visit: let it be mostly introductions; share what you're ready to share.
- After that: settle into a time that sticks, and notice that the tech worries are already behind you.

GOOD TO KNOW

If the very first step feels like the hardest, that's because it often is. Once you've made the call, the rest tends to roll downhill.

CONNECTION

31. A Steady Internet and a Backup Plan

How to keep a video visit from dropping.

Video leans on your internet, so a few small choices keep it smooth. You don't need blazing speed — just a stable connection and a device that isn't trying to do ten things at once. And there's always the phone as a fallback if the picture gives out.

- Sit where your Wi-Fi is strongest, usually nearer the router.
- Close other apps and, if you can, ask others at home to pause big downloads or streaming during your visit.
- Keep your phone within reach so the provider can call you if the video drops.

TIP

If your home internet is unreliable, just book a phone visit from the start. There's no shame in it, it's fully covered, and you'll skip the frustration entirely.

SCAMS

32. Keeping Clear of Scams

Real care comes through real providers.

Any time Medicare and technology mix, scammers try to sneak in. A little healthy suspicion protects you. Legitimate mental-health care comes through a provider you sought out or were referred to — not through a stranger who contacted you first.

- No real provider cold-calls or texts you out of the blue offering "free" therapy and asking for your Medicare number.
- Don't click links in unexpected texts or emails claiming to be a Medicare telehealth visit you didn't book.
- Your visit link should come from the office you actually scheduled with — when unsure, call them at their listed number to confirm.

WATCH OUT

If someone pressures you for your Medicare number, a payment, or a gift card to "set up" a mental-health visit, hang up. That's a scam. Report it to 1-800-MEDICARE, and reach out to a real provider the ordinary way.

YOU'RE NOT ALONE

33. You Don't Have to Do This Alone

A friendly, patient person is one call away.

I hope this guide made mental-health 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 where you can find it.

- Mental-health telehealth is a permanent Medicare benefit — from home, phone or video.
- A plain phone call counts; you don't need a camera or any special gadget.
- Cost is the usual Part B share: after your yearly deductible, you generally pay 20% (a supplement may cover it).
- Find a provider through your doctor, your plan card, or Medicare.gov.
- Set up a quiet, private spot; use headphones and close the door.

- Video won't work? It can become a phone call — fully covered.
- In crisis or thinking of harming yourself? Call or text 988 right now, or 911 in an emergency. Help is available this minute.

AT A GLANCE

A Picture to Follow Along

How a Mental-Health Televisit Comes Together

From the first phone call to sitting down for your session.

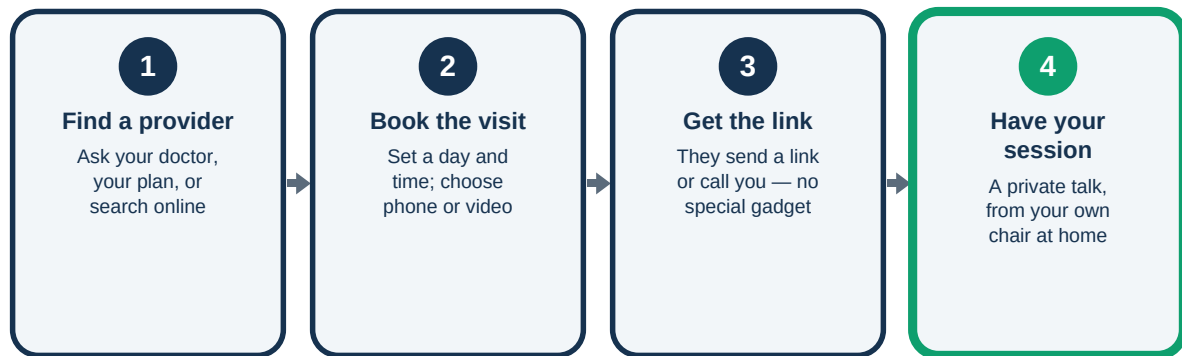


Illustration - a schematic, not to scale. Your setup may differ.

AT A GLANCE

A Second Look

What's Permanent, What's Through 2027

Mental-health telehealth stands on firmer ground than the rest.

	Mental health	Most other care
From home?	Yes, permanently	Yes, through 2027
Audio-only ok?	Yes, permanently	Yes, through 2027
After 2027?	Stays as is	Needs a new law

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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