

## Chronic Care Management

### Consent Form

Patient Name:

DOB:

Primary Insurance:

Member ID:

Phone Number:

Preferred Email:

#### Informed Consent

You are eligible for a new Medicare program that enables us to provide you with around-the-clock service to oversee your chronic conditions and improve your overall wellness. Chronic conditions are ongoing medical problems like diabetes, high blood pressure, dementia, heart disease, depression, osteoporosis, and many others. These conditions must be managed effectively in partnership between the healthcare team and patient to maintain the best possible overall health and wellness. CCM Services are available to you because you have been diagnosed with two (2) or more chronic conditions which are expected to last at least twelve(12) months and which place you at significant risk of further decline.

#### What are the benefits of signing up for Chronic Care Management Services?

- Coordinate visits with your doctors, facilities, labs, radiology, or others
- Provide access to around-the-clock (24/7) services from your care team
- Assist with management of medications
- Provide a personalized and comprehensive care plan management
- Assist with scheduling preventive care services, many of which are covered by Medicare

NOTE: You must sign an agreement or provide verbal consent to receive this type of chronic care management services.

#### What do you need to know before signing up?

Medicare will allow us to bill approximately \$42 for these services during any month that we have provided at least 20 minutes of non-face-to-face chronic care management services.

Medicare will reimburse us approximately \$32 and requires you to pay approximately \$8 to \$9 (your Medicare coinsurance amount, may be covered by your secondary insurance) each month that you receive at least 20 minutes of chronic care management. Our office will have the record of when and how the 20 minutes were spent and you will have 24/7 access to your electronic medical record if you ever have questions. Our practice is compliant with HIPAA and all laws related to the privacy and security of Protected Health Information (PHI). As a part of this program, your PHI may be shared between caregivers directly involved with your health.

#### You have a right to:

Discontinue this service at any time for any reason. Because your signature is required to end your chronic care management services, please ask any of our staff members for the CCM termination form. The provider will continue providing CCM services until the end of the month and may bill Medicare for those services. After the end of the month, the provider will discontinue CCM services and no longer bill for those services to Medicare.

NOTE: Only one physician can bill for this service for you. Please let your physician or our staff know if you have entered into a similar agreement with another physician/ practice.

#### Beneficiary Acknowledgment and Authorization.

By signing this Agreement, you agree to the following:

- You consent to the Provider providing CCM Services to you. You authorize electronic communication of your medical information with other treating providers as part of coordination of your care.
- You acknowledge that only one practitioner can furnish CCM Services to you during a calendar month.
- You understand that cost-sharing will apply to CCM Services, so you may be billed for a portion of CCM Services even though CCM Services will not involve a face-to-face meeting with the Provider.

I agree to participate in the Chronic Care Management program.  Yes  No

Patient /Client/ Representative:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Representative/ Reason for Rep Signature: \_\_\_\_\_ / Reason : \_\_\_\_\_

Date: \_\_\_\_\_

Agency Representative: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_