

Chronic Care Management

Consent Form

DOB: 12-04-1998

Preferred Email:

maresh.patil+7657668767@thinkitive.com

Member ID:

Patient Name: Burt Ross

Phone Number: None

Primary Insurance:

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.

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.

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.

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.

The following patient has given **Written** informed consent to willingly participate in the program at Unicorn Hospital

By signing below you are enrolling in CCM and agreeing to the following:

- Only one Provider can furnish CCM Service to you during a calendar month
- Your medical information will be shared electronically with your active providers as part of coordinating your care
- Depending on supplemental coverage and your primary insurance, you may be billed a standard copay.
- This covers all CCM Care Coordination support and does not include a face-to-face meeting with the provider
- You may stop CCM services at any time, effective at the end of the calendar month, by notifying Care Manager directly

The patient consented and officially enrolled in the program on: 11-30-2023

Consent obtained by: Norma Shelton

I agree to participate in the CCM program.

Consent Date: 11-30-2023

Patient Name: Burt Ross

Signature:_____