

# Chronic Care Management Patient Agreement

## Medicare Patients only

**Medicare** is offering a new benefit for beneficiaries with multiple chronic conditions, and by consenting to this agreement, you allow \_\_\_\_\_ (“Provider”) to provide chronic care management services to you.

CCM services are only available to patients with two or more chronic conditions. Medicare defines a chronic condition as a condition that is expected to last for at least 12 months, and that increases the risk of death, acute exacerbation of disease, or a decline in function.

### Benefits of CCM Services include:

- 24/7 access to a care provider to help with your chronic healthcare needs
- A comprehensive plan of care for health needs, available on paper or electronically
- Coordination with both home and community-based service providers
- Transition management among health care providers, including referrals, and follow-up after discharges from hospitals, skilled nursing facilities, or other health care facilities
- Medication oversight and management
- Use of a certified electronic health record (EHR) as mandated by Medicare

Should you desire to receive CCM services through your provider, he/she agrees to only bill Medicare for CCM services once per 30-day billing cycle. Furthermore, your provider agrees only to bill Medicare for CCM services if you have more than one chronic condition.

### Beneficiary Acknowledgment and Agreement

By signing this agreement, you agree to the following terms:

- You consent to your provider providing CCM services to you.
- You certify that your provider has fully explained the scope of CCM services to you.
- You acknowledge that only one practitioner can furnish and be paid for CCM services during a calendar month.
- You authorize electronic communication of your medical information between treating providers as part of your care.
- You understand that CCM services are subject to Medicare Co-Insurance, and so you may be billed for a portion of the CCM services.
- You understand that you have the right to terminate CCM services at any time by revoking this agreement effective at the end of the then-current month. You may revoke this agreement verbally by notifying Gay Nelson by telephone at 843-571-6067, or by mailing your written revocation to 14E Farmfield Avenue, Charleston, SC 29407. Your provider will then give you written confirmation, including the effective date of revocation.

Beneficiary/Responsible Party Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_