Agreement to Receive Medicare Chronic Care Management Services

As of January 1, 2015, Medicare covers Chronic Care Management services provided by my primary care provider per calendar month. I understand that my primary care provider, named below, is willing to provide such services to me, including the following:

- Access to my care team 24-hours-a-day, 7-days-a-week, including telephone access and other non-face-to-face means of communication (ei: email),
- The ability to get successive, routine appointments with my designated primary care provider or member of my care team,
- Care management of chronic conditions, including timely scheduling of all recommended preventative care services, medication reconciliation, and oversight of my medication management
- Creation of a comprehensive patient-centered care plan for all my health issues that are specific to me and congruent with my choices and values,
- Management of my care as I move between and among health care providers and settings, including the following:
    - Referrals to other health care providers
    - Follow-up after I visit an emergency department,
    - Follow-up after I am discharged from the hospital or other facility (ie: skilled nursing facility)
- Coordination with home- and community-based providers of clinical services.

I understand that as part of these services, I will receive a copy of my care plan.

I also understand that I can revoke this agreement at any time (effective at the end of the calendar month) and can choose, instead, to receive these services from another health care provider after the calendar month in which I revoke this agreement. Medicare will only pay one healthcare professional to furnish me Chronic Care Management services within a given calendar month.

I understand these Chronic Care Management services are subject to the usual Medicare deductible and co-insurance applied to medical services.

My signature also authorizes my primary care provider to electronically communicate my medical information with other treating providers as part of the care coordination involved in Chronic Care Management services.

This designation is effective as of the date below and will remain in effect until revoked.

Patient Name (print): _____ Date: _____

Patient or Guardian Signature: _____ Date: _____

OFFICIAL USE

Patient Name: Reviewed and approved by: