

Patient Consent Agreement For Chronic Care Management (CCM)

Effective January 1, 2015 Medicare/Medicare Advantage Plans now offer a new benefit for patients with multiple chronic diseases. Consenting to this agreement designates your practitioner to provide chronic care management services per the new rule.

Only patients with two or more chronic conditions are eligible for this benefit. Advance Care Management Ltd. will not bill Medicare/Medicare Advantage Plans for this service if you don't have more than one chronic condition. Medicare/Medicare Advantage Plans define a chronic condition as one that is expected to last at least 12 months and that increases the risk of death, acute exacerbation of disease, or a decline in function.

Chronic Care Management Services

As part of this new benefit, our Provider agrees to make available the following services:

1. 24/7 access to a healthcare provider to address your chronic care needs.
2. Use of certified Electronic Health Record (EHR) software to document your care.
3. Regularly updated comprehensive patient-centered plan of care with patient access in either a written or electronic version.
4. Regularly scheduled preventative services and medication reviews and oversight.
5. Assist in the management of transitions of care from one provider to another.

Beneficiary Consent Terms

By signing this Agreement, you agree to the following terms required by Medicare/Medicare Advantage Plans:

1. You consent to your practitioner providing Chronic Care Management services to you.
2. You acknowledge that only one practitioner can furnish Chronic Care Management Services (CPT 99490) to you during a thirty (30)-day period.
3. You authorize electronic communication of your medical information with other treating providers to facilitate the coordination of your care.
4. As participating providers of the Medicare program, we will accept assignment on all the claims. You are responsible for meeting your annual deductible and paying the 20% co-insurance. We do file with your secondary and supplemental carriers. If your secondary or supplemental carrier does not cover the service you will receive a bill for the remaining amount.
5. You have the right to stop Chronic Care Management services at any time by revoking this agreement effective at the end of the then-current calendar period of services by notifying our practice in writing.

Signature: _____ Print Name: _____

DOB: _____ Date Signed: _____

Effective Date: _____

Admitting RN Case Manager Signature: _____