



Chronic Care Management Patient Agreement

As a patient with two or more chronic conditions, you may benefit from the Chronic Care Management program that NAB-Life Health offers all Medicare patients. Our goal is to make sure you get the best care possible. Your assigned clinician in charge of your care is Stephen Mosley PA-C. Sometimes other staff from our practice will talk to you or handle issues related to your care, but your assigned clinician will supervise all care provided by our staff.

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.
- Coordination of care 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.

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. Please let your physician or our staff know if you have entered into a similar agreement with another physician/practice.
- 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.
- As needed, we will share your health information electronically with others involved in your care. Please rest assured that we continue to comply with all laws related to the privacy and security of your health information.
- We will bill Medicare for this chronic care management for you once a month and you will be responsible for any copays. Although you may or may not come into the office every month, your account will reflect this charge and you will be responsible for payment. Our office will have a record of our time spent managing your care if you ever have a question about what we did each month.

You have a right to:

- A Comprehensive Care Plan from our practice to help you understand how to care for your conditions so that you can be as healthy as possible.
- 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.

Our goal is to provide you with the best care possible, to keep you out of the hospital, and to minimize costs and inconvenience to you due to unnecessary visits to doctors, emergency rooms, labs, or hospitals. We know your time and your health is valuable and we hope that you will consider participation in the program with our practice.

I agree to participate in the Chronic Care Management program.

Yes _____ No _____

Patient Signature:

Date:
