



Chronic Care Management (CCM) Consent

Updated 9.1.2020

PATIENT NAME: _____

DATE OF BIRTH: _____

Your health is very important to Ponderosa Heart. In alignment with our dedication to keep you as healthy as possible with a focus to keep you out of the hospital and minimize the costs and inconvenience of unnecessary visits to doctors, labs, or urgent care facilities -- You are eligible for a Chronic Care Management. CCM involves managing chronic conditions effectively in partnership between the healthcare team and patient to maintain the best possible overall health and wellness. This includes a non-face-to-face component of care that involves the creation of a patient-centered plan of care, medication monitoring, management of care transitions, electronic care coordination and exchange of health information with other health care providers as necessary, while providing you (and/or your caregiver) 24/7 access to your care team.

YOU WILL RECEIVE:

- A dedicated Care Team that is familiar with your conditions with 24/7 access (by you or your caregiver) to around-the-clock services to your Care Plan your using our secure medical portal in the event you require care when we are not available.
- Actively help you manage all your medications
- Coordinate visits with your providers, facilities, labs, radiology, and/or other medical services
- Provide a personalized and comprehensive care plan management
- Assist with scheduling preventive care services, many of which are covered by insurance

Only one provider can bill for this service for you. Please let us know if you have entered into a similar agreement with another provider or practice. You may discontinue this service at any time and for any reason. Your signature is required to end CCM services, so please notify us if you choose to discontinue the service, we will provide it only through the last day of the calendar month of your decision and provide you with a CCM revocation form.

I consent to allow my advanced practitioner and their designees to perform CCM on my behalf. I understand that Ponderosa Heart House Call will bill my insurance for this service, and that I am responsible for any copayment or deductible. I understand that I can revoke this permission at any time by notifying Ponderosa Heart House Call in writing.

I agree to participate in the Chronic Care Management program. Yes No

PATIENT/PATIENT REPRESENTATIVE SIGNATURE

PATIENT/ PATIENT REPRESENTATIVE PRINTED NAME

DATE