

## **Consent for CHRONIC CARE MANAGEMENT (CCM)**

By signing this Agreement, you consent to Agape Physicians Care (referred to as "Provider"), providing chronic care management services (referred to as "CCM Services") to you and or your family member. CCM Services is now provided to you because Medicare has recognized a need to have one provider manage your care because you have 2 or more chronic conditions. These conditions are expected to last at least twelve (12) months and without diligent monitoring could result in decline of health status.

As part of CCM Services you will have access to include 24-hours-a-day, 7-days-a-week access to a health care provider in Provider's practice to address acute chronic care needs; systematic assessment of your health care needs; processes to assure that you timely receive preventative care services; medication reviews and oversight; a working plan of care covering your health issues; and management of care transitions among health care providers. The Provider will discuss with you the specific services that will be available to you and how to access those services.

### **Provider's Obligations.**

*When providing CCM Services, the Provider must:*

- \* Explain to you (and your caregiver, if applicable), and offer to you, all the CCM Services.
- \* Provide to you a written or electronic copy of your care plan.
- \* Provide 90 minutes per quarter reviewing your plan of care during non-face to face time and will be billed monthly to Medicare.
- \* If you revoke this Agreement, provide you with a written confirmation of the revocation, stating the effective date of the revocation.

### **Beneficiary Acknowledgment and Authorization.**

*By signing this Agreement, you agree to the following:*

- \* You consent to the Provider providing CCM Services to you.
- \* You are allowing electronic communication of your medical information with other treating providers as part of coordination of your care.
- \* You accept that only one practitioner can furnish CCM Services to you during a thirty (30)-day period.
- \* You understand that cost-sharing will apply to CCM Services, so you may be billed for a portion of CCM Services thru your deductible and or co-pays as appropriate.

### **Beneficiary Rights.**

*You have the following rights with respect to CCM Services:*

- \* The Provider will provide you with a written or electronic copy of your care plan.
- \* You can stop CCM Services at any time by revoking this Agreement and notifying your provider.

By signing below I acknowledge understanding of the CCM Services that will be provided to me and will be billed to Medicare.

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Patient Signature & Date

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Witness Signature & Date