McLaren Business Products

McLaren Print System Order

Order No: 80934 Reprint Previous Order No: 71900
Order Date: 2023-11-01
User: Jannine LaDuke
Phone: 586-791-5250

Ship Location: McLaren Health & Wellness / Attn: Jannine
21510 Harrington St., Suite 202
Clinton Township , MI 48036
Forms
Quantity: 500
Paragon Dept No: 52076
Dept Name: McLaren Health & Wellness
Company Number: 810

Order Total Price: 16.75

Item Number: MM-34036
Item Description: Chronic Care Mgmt Patient Agreement
Revision Date: 8/2022
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill:
Misc Info: SS, B&W

McLaren
HEALTH CARE

Care Management Patient Agreement

Care management services, including but not limited to Chronic Care Management (CCM), Principal Care Management (PCM), Behavioral Health Integration (BHI), and Remote Physiological Monitoring (RPM) are offered for beneficiaries with chronic conditions when these services are provided under the direction of your Medical Provider. By consenting to this agreement, you allow _____ ("Provider") to provide care management services to you.

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, available on paper or electronically
- Coordination 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

Should you desire to receive these services through your provider, he/she agrees to only bill Medicare or your insurance for these services once per month.

Beneficiary Acknowledgment and Agreement By signing this agreement, you agree to the following terms:

- You consent to your provider providing these services to you.
- You certify that the services have been fully explained to you.
- You acknowledge that only one practitioner can furnish and be paid for CCM services during a calendar month.
- You authorize electronic communication of your medical information between:
  - Other treating providers as part of your care, including consultations
  - Relevant specialist, which would include conferring with psychiatric medical providers if needed
  - Home and community resources as part of care coordination involved in care management services.
- You understand that these services are subject to Medicare (or other insurance Co-Pay, and you may be billed for a portion of these services.
- You understand that you have the right to terminate these services at any time by revoking this agreement effective at the end of the then-current month. You may revoke this agreement verbally by notifying _____ by telephone at (___)_____-_____, or by mailing your written revocation to _____. You will be given written confirmation, including the effective date of revocation.

Beneficiary/Responsible Party Signature: _____

Print Name: _____ Date: _____
OR
Verbal Consent obtained from: _____ By:_____