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 _____ (Insert Provider Name) to provide care management services to you.

Benefits of CCM Services include:

- 24/7 access to a member of your care team to help with your 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 current month. You may revoke this agreement verbally by notifying your RN Care Coordinator by telephone at (844) 368-1817 or by mailing your written revocation to _____ (Insert practice address).
- 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: _____