

## Consent Form

Dear Patient,

As a patient with two or more chronic conditions, you may benefit from **Carson Medical Group's Chronic Care Management Program**. Our program can help coordinate your visits with other doctors, facilities, lab, radiology, or other testing; we can talk to you on the phone about your symptoms; we can help you manage your medications; and we will provide you with a comprehensive care plan. Medicare will allow us to bill for these services during any month that we have provided at least 20 minutes and up to 90 minutes of non-face-to-face care of you and your conditions.

Our Care Team will assist you in between office visits to monitor your chronic health conditions. Your assigned clinician is your primary care provider and will supervise the care provided by our staff. Your Care Team and Primary Care Provider will work closely to help you set and achieve your health goals.

- We will bill Medicare for this Chronic Care Management service once per month.
- The base fee for this service billed to Medicare is about \$61.20.  
(Additional fees apply in 20 or 30 minute increments)
  - An estimated \$12.24 (20 min) or \$21.62 for (40 min) could be patient's responsibility monthly  
Or
  - \$0.00 if you have a Medicare supplement and your annual deductible has been met
- Only **one** physician can bill this service for you. Therefore, if another one of your physicians has offered to provide you with this service, you will have to choose which physician is best able to treat you and your conditions.
- 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.
- To discontinue this service at any time, for any reason, contact your care team and we will remove you from the program.

I agree to participate in the Chronic Care Management Program.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

I do not need Chronic Care Management Service at this time. Please keep this signed consent on file in the event my needs change.