



2575 East Bidwell Street Suite #210, Folsom, CA 95630
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Medicare Chronic Care Management (CCM) Consent Form

Name (Last, First MI): _____

Date: ____ / ____ / ____

CHRONIC CARE MANAGEMENT (CCM) PROGRAM INFORMATION AND CONSENT:

- As a patient with two or more chronic conditions, you may benefit from a new program that we offer to all of our Medicare patients. Our goal is to provide you with the best care possible from everyone that is involved in your care, to keep you out of the hospital, and to minimize costs and inconvenience to you due to unnecessary visits to doctors, emergency rooms, labs, or hospitals. We know your time and your health is valuable and we hope that you will consider participation in the program with our practice. We 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 with the management of your medications. Your CCM plan will be available on your patient portal, please inform us if you have not yet set up your portal so that we may assist you.
- Your assigned clinician in charge of your care is Dr. Firoz. Sometimes other staff from our practice will talk to you or handle issues related to your care, but please know that your assigned clinician will supervise all care provided by our staff or clinicians who may be involved in your care.
- Medicare will allow us to bill for these services during any month that we have provided at least 20 minutes of non-face-to-face care of you and your conditions. You must provide your consent to participate. Depending on your Medicare plan you may have some cost sharing responsibility. Please kindly check with your plan to determine your cost sharing amount. Please be aware that only one provider may complete and bill for the CCM service during one calendar month. Our office will have a record of our time spent managing your care if you ever have a question about what we did each month.
- As needed, we will share your health information electronically with other providers involved in your care. Please rest assured that we continue to comply with all laws related to the privacy and security of your health information.

YOUR RIGHTS:

- 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. Please be sure to sign up for your My Health Online Portal if you have not done so already to access your CCM plan.
- You may discontinue this service at any time for any reason. Because your signature is required to end your CCM services, please ask any of our staff members for the CCM termination form.

ACKNOWLEDGMENTS:

I have read and agree with the above consents and policies. I understand that I may revoke this consent in writing, except to the extent that FLPC has already taken action in reliance thereof. I agree to participate in the Chronic Care Management Program offered by Folsom Lake Primary Care. My signature below indicates that I understand and accept the content of this form.

Signature: _____

Date of Birth: ____ / ____ / ____