

Pacific Medical Care
1501 Fifth Avenue, Suite 201
Tel 619-461-3717 Fax 619-461-5663
www.PacificMedicalCare.net



Pacific Medical Care Chronic Care Management Enrollment

Dear Pacific Medical Care Patient,

As a patient with two or more chronic conditions, you may benefit from a new program that Pacific Medical Care is now offering all Medicare patients. Our goal is to make sure you get the best care possible from everyone that is involved with your care. 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, help you with the management of your medications, and 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 of non-face-to-face care of you and your conditions. You must provide your consent to participate once a year.

Your assigned clinician in charge of your care may not always be available. Sometimes other staff from our practice will talk to you or handle issues related to your care. Please know that your assigned clinician will supervise all care provided by our staff or clinicians who may be involved in your care.

You agree and consent to the following:

- As needed, we will share your health information electronically with others involved in your care. Please rest assured that we will continue to comply with all laws related to the privacy and security of your health information.
- We will bill Medicare for this chronic care management for you once a month. The fee for this service allowed by Medicare is \$42.60, of which your portion will be 20%. In most cases Secondary insurance (Such as Medi-Cal) leaves this at no charge to you, the patient. Although you may or may not come into the office every month, your account will reflect this charge. 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.
- Only one physician can bill for 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 all of your conditions. Please let your physician or our staff know if you have entered into a similar agreement with another physician/practice.

You have a right to:

- 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.
- Discontinue this service at any time for any reason. Because your signature is required to end your chronic care management services, please ask any of our staff members for the CCM termination form.

Our goal is to provide you with the best care possible, 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.

I agree to participate in the Chronic Care Management program. Yes No

My Pacific Medical Care Physician is _____

Patient Signature

Printed Name

___/___/___

DOB

___/___/___

Date