



**ANDERSON MEDICAL GROUP**  
— OF TEXAS —  
YOUR **HEALTH**. OUR **CARE**.

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*Diplomate, American Board of Internal Medicine*

## Patient Information Sheet for Primary / Chronic Care Management

The purpose of AMG's Chronic Care Management Program is to help you be as healthy as possible. Our dedicated team of health care clinicians will assist in coordinating all your health care and give you the support you need to manage your chronic medical conditions effectively.

### Key Points:

In January 2015, Medicare established a service called "chronic care management," or "PCM/CCM." This is a way for our practice to offer extra support to our patients who have one or more chronic conditions - such as diabetes or high blood pressure - that are expected to last for at least 12 months and may last for the rest of your life.

Primary and Chronic Care Management services are "non-face-to-face services," which means that they are services our care team provide outside of office visits. For example, communicating with you by phone, communicating with other physicians or your insurance company regarding your care, coordinating referrals, prescriptions refills and home health referrals are all considered non-face-to-face services.

Through AMG's chronic care management program, we coordinate all of your health care so that you can be as healthy as possible. This includes coordination of the health care you receive from us, as well as the care you may receive at another doctor's office, at the hospital, at the pharmacy, at your home, or from a community service organization. Here are some of the other benefits you'll get from chronic care management:

- A member of your care team will be accessible to you 24 hours a day, 7 days a week to address your urgent care needs. This service is available to you any time of day and any day of the week. To contact us, please call (469) 981-2648.
- We will schedule any preventive care that you need; for example, we'll be sure that you get the flu vaccine at the right time every year.
- You will always be able to schedule routine appointments with a designated member of your care team.
- We will closely monitor your medicines.
- We will coordinate with home- and community-based providers regarding your care.
- We will work with you to create a personalized care plan and to update it as necessary.
- Your team of AMG's health care clinicians will spend at least 20 minutes a month coordinating your health care.

There are some other things you should know before you sign up for these services:

- Primary/ chronic care management services are covered by Medicare Part B and are subject to the usual Medicare deductible and coinsurance. If you sign up for the PCM/CCM program, our office will collect a copay for each month in which you get qualifying PCM/CCM services, until you cancel the services. If you don't get qualifying PCM/CCM services in a certain month, we will not bill you for that month.
- After your Medicare deductible has been met, your copay will be approximately \$8-\$18 per month for the additional services that are provided to manage your care.
- If you have supplemental insurance, it may cover the copay for primary/chronic care management. Check with your insurance carrier for details.
- You can cancel PCM/CCM services at any time in writing or verbally. The services will stop at the end of the month in which you cancel them.
- Medicare will only pay one doctor or other health care professional to provide primary/chronic care management services for you in each calendar month. Please let us know if another health care provider has already offered you PCM/CCM services or is already providing these services for you.
- Your care team's goal - and Medicare's goal in establishing PCM/CCM services - is to help you avoid emergency department visits and hospital admissions. We want to work with you to keep you as healthy as possible and to save you money. Keep in mind that the deductible you must pay every time you are admitted to the hospital is much more than an \$8-\$18 per month deductible for PCM/CCM services.

I hereby indicate by signature on this agreement that Anderson Medical Group of Texas is designated as my primary care physician for purposes of providing Medicare primary/chronic care management services to me and billing for them.

My signature also authorizes my primary care physician to electronically communicate my medical information with other treating providers as part of the care coordination involved in chronic care management services.

This designation is effective as of the date below and remains in effect until revoked by me.

\_\_\_\_\_  
Patient Name (please print)

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

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY	
Diagnosis Codes:	
Reviewed By:	
Date:	