Signature:

Chronic Care Management Services Enrollment and Consent Form

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Patient Name: Date of Birth:	
This information is provided to help you understand a service that can help you better manage your chronic conditions. Chronic Care Management (CCM) Services are available to you because you have been diagnosed with two (2) or more chronic conditions which are expected to last at least twelve (12) months and which place you at significant risk of further decline. The CCM service and program available to you is described below.	
By signing this Agreement, you consent to Priti Gujar, MD or her staff, providing chronic care management services to you. Please be sure to ask your provider any questions that you have.	
Description of the Chronic Care Management Service: Medicare has a new program that provides help to coordinate your healthcare. CCM Services include 24-nours-a-day, 7-days-a-week access to a health care provider in your Provider's practice to address acute chronic care needs; systematic assessment of your health care needs; processes to assure that you imely receive preventative care services; medication reviews and oversight; a plan of care covering your nealth issues; and management of care transitions among health care providers and settings. The Provider will discuss with you the specific services that will be available to you and how to access those services. Your provider will provide you access to your health information and Health Assistants to address your acute chronic care needs 24 hours per day, 7 days per week by calling your physician's office at 609-730-1888.	
 Personal case management. Processes to assure that you timely receive preventative care services and access to Health Assistants to address urgent healthcare needs. Current medication, condition, and allergy lists. Creation of your personalized Care Plan that is electronically available to all your active providers; Scheduling of routine appointments. Management of care transitions among healthcare providers and settings. Geriatric Treatment Resources LLC Priti Gujar,MD Acknowledgment: 	
 I consent to Priti Gujar,MD and Geriatric Treatment Resources LLC providing CCM Services for me and have been given the opportunity to ask questions and have them fully answered. I authorize the gathering and electronic sharing of my medical information with my active providers as part of care coordination. I acknowledge that only one provider can furnish CCM Services during a thirty (30)-day period. Any changes or revocation must be made in writing to Priti Gujar,MD and are effective at the end of that calendar month. I understand that cost-sharing will apply to CCM Services, so I may be billed for a portion of CCM Services, even though CCM Services will not involve a face-to-face meeting with the Provider. 	
Signature of Individual (or Legal Representative or caregiver)	
First Name: MI: Last Name:	

Date: