



612 Druid Rd E Suite B Clearwater, FL 33756 727-443-1122
516 Lakeview Rd Bldg 4 Clearwater, FL 33756 727-461-7908

Consent for Chronic Care Management Service

Date: ____/____/____

As part of ongoing effort to enhance care coordination, and to better manage some of your more significant chronic problems, Medicare has established a program that will compensate providers for non-face -to-face services, such as after-hours telephone calls, medication management, formulating a care plan, reviewing & tracking your medications & laboratory results, as well as discussing or sharing your medical information with consultants, home health agencies and others involved in your ongoing care.

This service will be a compliment to face-to-face services you receive, such as office visits.

I, _____, have been made aware that, for my doctor's office to be reimbursed for these chronic care management services, they will be billing my Medicare & supplement (or Medicare Advantage plan) a monthly charge for this service.

Please note

Pinellas County Primary Care & Hospitalists will not bill Medicare (or Medicare Advantage Plans) for chronic care management during months in which less than 20 minutes of non-face-to-face chronic care management is provided.

I permit my physician, at Pinellas County Primary Care & Hospitalists, to bill Medicare, or my Medicare Advantage Plan for these chronic care management services and I understand that I will be responsible for any applicable co-payments and/or deductibles associated with these services.

I understand that I can revoke this consent in writing at any time.(effective at the end of a calendar month)

Signature of patient

Phone number

____/____/____
Date of birth