



Chronic Care Management Consent

Dear Uropartners Patient,

As a patient with several chronic conditions, you may benefit from a new program that UroPartners is now offering. Each month we will check in with you over the phone and provide dedicated staff time to answering any questions/requests you may have. At that time we will also review any symptoms you may be experiencing, assist with managing your medications, and can even help coordinate visits with other doctors/facilities. These services could potentially expedite your care and save you a visit to the doctor's office. Your insurance 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. Consent to participate in the program need only be provided once a year, and upon initial enrollment a comprehensive Care Plan will be provided to you.

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 continue to comply with all laws related to the privacy and security of your health information.
- We will bill your insurance for this chronic care management once a month during the months that we have provided the above described coordination. Your account will reflect this charge and you will be responsible for any co-payment outside of normal office visits. 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. Your signature is required to end your chronic care management services, so 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, we hope that you will consider participation in the program with our practice.

Any questions or concerns please contact The Chronic Care Management team at 1-708-273-3733.

_____ Yes, I agree to participate in the Chronic Care Management program.

Patient Name

Date

Patient Signature

Date