












Medicare, effective January, 2015 covers Chronic Care Management (CCM) services.

Dr. Kenneth W. Ponder is now able to provide Chronic Care Management (CCM) services, and I have been informed that I would benefit from CCM services, included those provided in between visits. In addition, I have been informed I meet the clinical eligibility to receive CCM services based on my diagnostic conditions.

The CCM services that Dr. Kenneth W. Ponder will provide me under this agreement include the following:

-  Access to my care team 24 hours a day, 7 days a week, for urgent needs, including telephone access and other non-face-to-face means of communication (e.g., E-Mail),
-  The ability to get successive, routine appointments with my designated primary care provider or member of my care team,
-  Care management of my chronic conditions, including timely scheduling of all recommended preventive care services, medication reconciliation, and oversight of my medication management,
-  Creation of a comprehensive plan of care for all my health issues that is specific to me and congruent with my choices and values,
-  Management of my care as I move between and among health care providers and settings, including:
 - » Referrals to other health care providers
 - » Follow-up after I visit an emergency department
 - » Follow-up after I am discharged from the hospital or other facility (e.g., skilled nursing facility)
 - » Coordination with home- and community-based providers of clinical services

My signature below indicates my understanding and agreement to receive CCM services and that I understand;

-  Dr. Kenneth W. Ponder is designated by me for purposes of providing CCM to me and for submitting claims for payment to Medicare for the CCM services
-  I will receive a copy of my comprehensive plan of care
-  Dr. Kenneth W. Ponder is authorized to electronically communicate my medical information with other treating providers as part of the care coordination involved in CCM services
-  Medicare will only pay one professional/practice for CCM services provided to me during a calendar month,
-  CCM services are subject to the usual Medicare deductible and coinsurance applied to my Medicare Part B services, and
-  I can revoke this agreement at any time (effective at the end of the current calendar month) and can choose to receive these services from another physician or not to receive CCM services at all after the calendar month in which I revoke this agreement.

This agreement is effective as of the date below.

Professional/practice: _____

Patient name (please print): _____

Patient or guardian signature: _____ Date: _____