



RE: Chronic Care Management / Tricare for Life / Federal BCBS member:

Dear Patient:

Although Medicare and most Medigap secondary policies cover chronic care management, it has come to our attention that Medicare secondaries Tricare for Life and Federal BCBS (FEP) do not.

Deductibles and cost shares will apply for Chronic Care Management Services. For most this will be \$13 at signup and \$8 a month, ONLY IN MONTHS WHERE MORE THAN 20 MINUTES OF NON FACE TO FACE CARE OCCUR (we keep computer assisted log of time, which includes interactions with members of your care team which may include consultants, pharmacists, therapists, family, you, etc.). If the part B Medicare deductible has not been met, these copays will be higher until the deductible is met.

For patients that live in a home or apartment, Chronic Care Management is optional. You can disenroll at any time. Keep in mind though, if you disenroll, phone services will be mostly limited to making appointments. Services that used to be provided for free over the phone such as forms, prescriptions, including electronic prescriptions, relaying of lab results will need to be received in person at an appointment if you disenroll from Chronic Care Management. Time has changed, and in today's tough medical practice environment, we simply can no longer afford to provide this care unless covered by Chronic Care Management.

For those patients that reside in an assisted living facility, Chronic Care Management Services are required as most care is not face to face due to extensive communication between the facility and the doctor. If you do not wish to pay for Chronic Care Management, a provider other than Dr. Ponder will be needed.

If you have any questions or suggestions, please let us know.

Sincerely,

Kenneth W Ponder MD

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