



CHRONIC & PRINCIPAL CARE MANAGEMENT AGREEMENT

DATE ____ / ____ / ____

PATIENT INFORMATION

First Name Print	Last Name Print	Patient DOB	Patient ID
Patient Primary Care Physician:		Primary Contact Phone	Email Address

Dear Patient,

As a patient with one or more chronic conditions, you may benefit from a program that Nevada Heart and Vascular Center (NHVC) offers all Medicare patients. NHVC's goal is to make sure you receive the best possible healthcare by coordinating your healthcare with your other physician, laboratory and radiology facilities, and by reducing emergency room visits and hospital stays. This will minimize doctors' visits and overall medical expenses.

NHVC will talk to you on the phone about your symptoms; help you with the management of your medication; and will provide you with a copy of the comprehensive care plan. Medicare allows NHVC to bill for these services during any month services have been provided for at least 20 minutes of non-face-to-face care for you and your conditions which may include a telephone call where your care and conditions are reviewed. Your assigned clinician of your care is: _____. Sometimes other staff from NHVC will talk to you or handle issues related to your care, but please know that your assigned clinician will supervise all care provided by a NHVC staff or other clinicians who may be involved in your care.

Chronic Diagnosis: 1) _____ 2) _____ 3) _____ Qualifies: ☐ Yes ☐ No

You agree to the following: As needed, NHVC will share your health information electronically with others involved in your care. Please rest assured that NHVC will continue to comply with all laws related to the privacy and security of your health information.

NHVC will bill Medicare for the Chronic Care Management or Principal Care Management service provided for you once per month. The fee for this service is covered by Medicare. You will be responsible for a 20% copay estimated to be between \$12.00 and \$36.00 per month. Most secondary insurances cover your co-pay. It is your responsibility to verify with your secondary insurance to see if this service is covered and paid. Medicare may apply the initial fee to your deductible if you have not met your yearly deductible. Any balance not paid by your insurance will be your responsibility.

NHVC will record the time spent managing your care if ever you have a question about what services were provided each month. Only one physician can bill for this service for you each month. Therefore, if one of your other physician(s) has offered to provide you with Care Management services, you will have to choose which physician is best able to treat you and your conditions. Please let your NHVC physician or NHVC staff if you have entered into similar agreement with another physician / office.

You have the right to: A comprehensive care plan from NHVC that will understand how to care for your condition(s) so that you can be as healthy as possible. You can discontinue this service at any time, for any reason. Because your signature is required to end your Chronic Care and Principal Management services, please ask a NHVC staff member for the Chronic Care Management or Principal Care Disenrollment Form.

Nevada Heart & Vascular Center understands your time and your health is valuable and we hope that you will consider participation in the program with Nevada Heart and Vascular Center.

I agree to participate in the Chronic Care or Principal Management Program: ☐ Yes ☐ No

Patient Signature

Date

Physician Signature

Date



021 400 008