

SIMI MEDICAL GROUP, INC.

2755 Alamo Street, #101

Simi Valley, CA 93065

805-210-7280

CONSENT TO CHRONIC CARE MANAGEMENT SERVICES

SIMI MEDICAL GROUP, INC. provides chronic care management services (CCM) to its patients. CCM involves a combination of face-to-face and non-face-to-face services to ensure that each patient's healthcare needs are met. The non-face-to-face component of CCM involves the creation of a patient-centered plan of care, medication monitoring, management of care transitions, electronic care coordination and exchange of health information with other health care providers as necessary, while providing you or your caregiver 24/7 access to your care team.

I consent to allow my physician, his assistant or designees to perform CCM if I am eligible per Medicare guidelines on my behalf and understand that I am responsible for any copayment or deductible. I understand I may opt out at any time by contacting the practice during regular business hours.

ASSIGNMENT OF INSURANCE BENEFITS

Medicare Certification: I certify that the information provided by me in applying for payment under TITLE XVII of the Social Security Act is correct and request on my behalf all authorized benefits.

I hereby authorize and instruct my insurance carrier to make payment directly to SIMI MEDICAL GROUP, INC. for benefits (payments) otherwise payable to me. I agree to personally pay for any charges are covered by or collected from any insurance program, including any deductibles and coinsurance amounts.

I HAVE READ OR HAD READ TO ME AND FULLY UNDERSTAND THIS CONSENT; I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS AND HAD THESE QUESTIONS ANSWERED.

Patient Name: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_

Date: \_\_\_\_\_

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Consent of Legal Guardian, Patient Advocate or Nearest Relative **if patient is unable to sign.**

Consent of Practitioner or Caregiver **if patient is unable to sign.**

**Name of Legal Guardian, Patient Advocate, Nearest Relative or Other:**

\_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_