



Mason-Dixon Mobile Medicine

www.masondixonmed.com

☎240.397.6723 ☎833-992-0865

Time for a home visit?



Agreement to Receive Chronic Care Management and/or Remote Patient Monitoring Services

As a patient with two or more chronic conditions, you may benefit from new programs that provide chronic care management (CCM) and remote patient monitoring (RPM) services to Medicare patients.

CCM services include:

- √ care management for chronic conditions, including systematic assessment of your healthcare needs, timely scheduling of preventive care services, and medication review and oversight
- √ access to your care team 24 hours a day, seven days a week, including non-face-to-face access such as telephone, email, and secure messages
- √ successive routine appointments with designated members of your healthcare team
- √ creation of a comprehensive plan of care for your health issues
- √ management of care transitions among healthcare providers in settings, including referrals to other clinicians, follow up after emergency department visits, and follow up after discharges from hospitals, skilled nursing facilities, or other healthcare facilities
- √ coordination with home and community based clinical service providers

RPM services include:

- √ in-home measuring of blood pressure (BP), weight, finger-stick blood sugar (FSBS), and pulse oximetry (pulse ox)
- √ HIPAA-compliant devices provided at no cost
- √ measured values automatically uploaded to our electronic health record (EHR) system
- √ phone calls from device vendor and/or practice staff for out-of-range values
- √ no internet access or cell phone service required
- √ free troubleshooting from the device vendor

Charges for these services will appear once a month on your insurance company explanation of benefits (EOB) even if we did not have a face-to-face visit during the month.

Your Rights

- √ You will receive a copy of your comprehensive care plan as a part of your CCM services.
- √ You have the right to discontinue CCM services at any time, effective at the end of the calendar month. Contact the practice at 240-397-6723 to revoke consent.




Lakeside Med, LLC
723 N. Market Street
Frederick, MD 21701-5232



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You agree and consent to the following by signing this agreement

- √ You consent to Mason-Dixon Mobile Medicine providing and billing for CCM and/or RPM services.
- √ For RPM services, you agree to obtain the required a minimum of 17 (seventeen) readings each month using supplied devices (BP, weight, or FSBS).
- √ You acknowledge that one provider can furnish and bill for CCM services during any calendar month, and to notify Mason-Dixon Mobile Medicine if you have entered into a similar agreement with any other medical practice.
- √ You consent to electronic communication of your health information with others involved in your care.
- √ **You understand that standard coinsurance, copays, and deductibles apply to CCM and RPM services, and that you may be billed for these services up to once a month, whether or not you had a face-to-face visit with your provider.**

Patient Name: _____

Guardian (as applicable): _____

Signature: _____

Date: _____




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