PENINSULA NEPHROLOGY ASSOCIATES, P.A.

1821 Sweetbay Dr Ste 1
Salisbury, MD 21804
PHONE 410-546-4427
FAX 410-546-2096

11107 Racetrack Rd
Berlin, MD 21811
PHONE 410-973-2731
FAX 410-973-2993

165 Market St Ste 6
Onancock, VA 23417
PHONE 410-546-4427
FAX 410-546-2096

Chronic Care Management (CCM) Program Enrollment Form

Overview:

As a patient of Peninsula Nephrology Associates ("Healthcare Provider") with multiple chronic conditions, your provider believes you may benefit from a Chronic Care Management ("CCM") program offered to qualified Medicare beneficiaries. The goal of this program is to help manage your chronic conditions while you are at home, in the community, and outside of a medical office or hospital setting.

As part of this program, Peninsula Nephrology Associates may assist you with:

- Developing and managing a comprehensive care plan
- Checking in on your health via phone calls, text messages, or electronic communication
- Medication management
- Education on managing your chronic conditions
- Coordinating care and provider appointments

Medicare allows your healthcare provider to bill for these services during any month where at least 20 minutes of non-face care is provided.

Your assigned clinician is: _____. Other members of our care team may communicate with you, but your assigned clinician will supervise all CCM-related care.

Consent:

By enrolling, you agree to:

✓ Receive CCM services from Peninsula Nephrology Associates
✓ Understand that only one practitioner may furnish CCM in any 30-day period
✓ Allow secure sharing of medical information with other providers involved in your care
✓ Allow Peninsula Nephrology Associates to bill your insurance monthly for CCM services
✓ Acknowledge that standard cost-sharing applies if not covered by secondary insurance

Your Rights

You may:

- Ask for explanations of any CCM services
- Request a written or electronic copy of your care plan
- Discontinue CCM services at any time verbally or in writing. Cancellation becomes effective at the end of the current 30-day period. Written confirmation will be provided.

Agreement

I understand and agree to participate in Chronic Care Management services.

Beneficiary (Patient):

Patient's Name (Print): _____

Patient's Signature: _____

Date: _____

Caregiver / Representative (optional):

Caregiver / Representative Name (Print): _____

Caregiver / Representative Signature: _____

Date: _____

CCM Patient Authorization for Electronic Communication

Peninsula Nephrology Associates may use phone calls, text messaging, or other electronic communication to:

- Provide health updates
- Send reminders
- Answer routine questions
- Improve access to your care team

Patient Name (Print): _____

Date of Birth: _____

Mobile Phone Number: _____

By signing below, you acknowledge:

1. You are 18 years of age or older.

2. You authorize Peninsula Nephrology Associates and its designated medical staff to communicate with you using unencrypted text messages or email if you provide this contact information. You understand text messages are not guaranteed secure and may be accessed by third parties.

3. Electronic communication is for non-urgent matters only. If experiencing a medical emergency, call 911 or go to the nearest emergency department.

I consent to receive routine, non-urgent electronic communication from Peninsula Nephrology Associates.

Patient's Name (Print): _____

Patient's Signature: _____

Date: _____

Authorized Caregivers / Representative (Optional)

I authorize the following caregiver(s) to receive information regarding my health through the communication methods listed above:

Caregiver / Representative Name (Print): _____

Relationship to Patient: _____

Mobile Phone: _____

I may revoke this authorization at any time by notifying Peninsula Nephrology Associates.