

ADVANCED INTERNAL MEDICINE

Laliwala, Mohsina

Agreement to Receive Medical Advanced Primary Care Management (APCM) Services

Medicare covers Advanced Primary Care Management (APCM) services provided monthly by physician practice. I understand that my primary care physician is assuming responsibility for all primary care services and will be a continuing focal point for all my needed health care. In agreeing to receive APCM, I understand that my physician and the Advanced Internal Medicine care team are willing to provide such services to me, including the following:

Access and continuity of care:

- 24/7 access to the care team for urgent needs.
- The ability to get successive, routine appointments with a member of the care team.

Comprehensive Care Management:

- Needs assessment, including medical and psychosocial.
- Helping ensure I receive recommended preventive services.
- Medication management and support.
- A personalized care plan that outlines my health goals and needs and is regularly reviewed and updated.
- A copy of my care plan accessible to me, my caregivers, and members of my care team.

Care Coordination:

- Coordinating my care across settings, such as:
 - Referrals to other physicians and health care providers.
 - Communicating with home and community-based providers, hospitals and skilled nursing facilities.
- Follow-up care after emergency department visits or discharge from a hospital, skilled nursing facility or other health care facility.

Enhances Communication Opportunities

- Additional ways for me and my caregivers to communicate with my physician and care team, such as patient portals, secure messaging and e-visits.

I also understand that I can revoke this agreement at any time (effective at the end of a calendar month) and can choose, instead, to receive these services from another health care professional after the calendar month in which I revoke this agreement. Medicare will only pay one physician or health care professional to furnish me APCM services within a calendar month.

I understand these APCM services are subject to the usual Medicare deductible and coinsurance applied to physician services. My signature authorizes my primary care physician to electronically communicate my medical information with other treating providers as part of the care coordination involved in APCM. This designation is effect as of the date below, and remains in effect until revoked by me.

Patient Name (please print) _____

Signature: _____ Date: _____