



2820 Ohio
Augusta, KS 67010
316-775-7500

AGREEMENT TO RECEIVE MEDICARE ADVANCED PRIMARY CARE MANAGEMENT (APCM) SERVICES

Medicare covers Advanced Primary Care Management (APCM) services provided by physician practices per calendar month. I understand that my primary care provider and HFP staff is willing to provide such services to me, including the following:

- The ability to get successive, routine appointments.
- Care management of chronic conditions, including timely scheduling of all recommended preventative care services, medication management, patient centered comprehensive care plan, care transitions, community-based care coordination and enhanced communication (patient portal).
- Management of my care as I move between and among health care providers and settings, including the following:
 - Referrals to other health care providers
 - Follow-up after I visit an emergency department
 - Follow-up after I am discharged from the hospital or other facility (e.g., skilled nursing facility)
- Coordination with home and community-based providers of clinical services.
- 24/7 on-call access for urgent needs.

I understand that as part of these services I will receive the following:

- Management of chronic conditions
- Management of referrals to other providers
- Management of prescriptions
- Ongoing review of patient status

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 chronic care management services within a given calendar month.

I understand these Advanced Primary Care Management (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 Advanced Primary Care Management services. This replaces Chronic Care Management (CCM).

This designation is effective as of the date below and remains in effect until revoked by me.

Patient name (please print): _____

Signature: _____

Date: _____

2/21/2025