

Patient Re-Consent Confirmation

Patient Information	Patient Response
Patient Consents or Declines	
Patient Name	
Patient ID	
Patient Billing Practitioner	
Patient Enrollment Date	
Patient Re-consent Date	
Time of Re-consent	
Runways Care Navigator that obtained consent	

Patient Verbally Attests to the Following:

Patient verbally attests to understanding that they may be responsible for copays, coinsurance and my deductible as outlined in their insurance policy for RunwaysChronic Care Management services.

Patient verbally attests to understanding the cost share elements of the Runways Chronic Care Management program they are enrolled in.

Patient verbally attests to understanding that participation in this program may incur a bill.

Patient verbally attests to understanding that participation in this program is optional, and it is understood that they are able to disenroll at any time by contacting their care navigator or the chronic care management Runways department.

Patient verbally attests to understanding that only one practitioner - in this case their PCP - can provide and bill for chronic care management during a calendar month.

Patient verbally attests to understanding that the care navigator will have access to their health records and will share their monthly care plans with their primary care physician to ensure that they receive comprehensive and coordinated care.

Patient verbally attests to understanding that calls in this program will be recorded for quality assurance.

Patient verbally attests to understanding being enrolled in this program and wishes to remain enrolled in the Runways Chronic Care Management Program.