

Region 8 Network

**CLIENT AGREEMENT AND CONSENT FOR
MEDICAL CASE MANAGEMENT**

REQUEST FOR PROVISION OF SERVICES

I understand that by signing this agreement, I indicate my wish to establish a case management relationship with _____ working on behalf of Carolina Family Health Centers Inc., Region 8 Network Grant Administrator.

INDICATION OF MEDICAL RESPONSIBILITY

I understand that I am under the medical supervision of health care provider (Name) _____. I understand too, that my health care provider has responsibility for my treatment. I understand that services provided by my medical case manager do not include diagnostic, prescriptive, or other services performed by licensed physicians or other health care providers and that my health care provider is solely responsible for diagnosing and prescribing drugs, therapy, and for supervising my medical care. Home care services, if available, will be provided by a home care or home health agency as arranged by or contracted for by my case manager. Other services, as required, may be obtained and coordinated by my case manager.

PAYMENTS

I understand that I will ~~not~~ be personally responsible for all fees including those assessed for medical case management services. Fees are based on my income. It is my responsibility to provide proof of my income so charges can be assessed appropriately. Failure to provide such documentation will result in me not being able to receive services through CFHC, Inc.

I understand that I can not be denied services for inability to pay. If I cannot pay for services rendered, I must provide documentation why I cannot provide payment as required. ~~Although, where possible, a fee will be collected from other agencies willing to pay. Co-pays, deductibles, and bills for services from other providers will be dealt with on a case by case basis and are the responsibility of the client, although, my medical case manager may help negotiate a waiver or payment arrangement.~~

The undersigned certifies that he/she has read the above agreement and received a copy; as well as, a copy of the "Region 8 Network Client Handbook." The undersigned also certifies that he/she is the client or is duly authorized by the client as the client's guardian to execute the above.

Medical Case Manager's Signature

Date

Client's Signature

Date

Client's Guardian

Date

Relationship to Client