

DIGNITY EXTENSIVISTS OF CENTRAL TEXAS

Concierge Transitional Care Management (TCM) Member Agreement

Sample agreement for review

1 PARTIES & PURPOSE

This Agreement is entered into between Dignity Extensivists of Central Texas ("Provider") and the undersigned Patient or Authorized Legal Representative ("Member"). The purpose of this Agreement is to establish a dedicated Concierge Transitional Care Management (TCM) enrollment designed to support the Member's transition from an acute care hospital, sub-acute facility, or skilled nursing facility (SNF) back to their home or residential setting in Central Texas.

2 CONCIERGE TCM SCOPE OF SERVICES

Enrollment in Provider's Concierge TCM program includes the following enhanced care coordination services:

- a. **Direct 24/7 Access:** Direct access to our clinical triage team for urgent post-discharge medical inquiries and symptom monitoring.
- b. **Initial Post-Discharge Clinical Evaluation:** A comprehensive in-person or telehealth clinical assessment conducted within 7 to 14 business days following discharge.
- c. **Full Medication Reconciliation:** Detailed review of all discharge medications, prescriptions, and over-the-counter supplements to prevent adverse drug interactions and hospital readmissions.
- d. **Local Provider & Ancillary Coordination:** Direct communication with Member's primary care physician (PCP), sub-specialists, Austin-area home health agencies, durable medical equipment (DME) vendors, and diagnostic labs.
- e. **Customized Transitional Care Plan:** A clear, written roadmap outlining health goals, follow-up testing schedules, and symptom red flags.

3 MEMBER & FAMILY RESPONSIBILITIES

Member agrees to:

- a. Provide complete and accurate medical records, current medication lists, and active health insurance details upon enrollment.
- b. Notify Provider immediately of any new or worsening symptoms, emergency room visits, or unplanned facility readmissions.
- c. Maintain scheduled follow-up visits and adhere to agreed-upon medical treatment plans.

4 BILLING & INSURANCE DISCLOSURES

- a. TCM services represent specialized care coordination covered under Medicare and participating commercial health plans.
- b. Standard insurance copayments, deductibles, or coinsurance obligations apply in accordance with Texas healthcare billing statutes and the Member's individual insurance benefit plan.
- c. Any non-covered concierge administrative fees will be disclosed and agreed upon in writing prior to service delivery.

5 TERM & CANCELLATION

This Agreement becomes effective on the date signed below and remains active throughout the 30-day transitional care window following discharge. Member may cancel enrollment at any time by providing written notice to Provider.

PATIENT / REPRESENTATIVE ACKNOWLEDGMENT & SIGNATURE

Patient Name _____ DOB _____

Authorized Representative (if applicable) _____

Relationship to Patient _____

Signature _____ Date _____