



PIEDMONT
INTERNAL
MEDICINE

Dear Patient,

We are excited to announce that **Piedmont Internal Medicine, PC** is now offering an Advanced Care Program, which will provide remote care between office visits with the emphasis on keeping you healthy and to help prevent any hospitalizations. Our care team is available to answer your medical questions, coordinate your care with other specialists, hospitals, and other facilities as needed. As always, we will continue to follow all security protocols to keep your health information safe.

Our **Remote Care Management** allows our providers and clinical staff to remotely monitor and manage your current medical treatment right from the comfort of your home. Patients will be given a “vital sign device” that our clinical team will demonstrate how to use before leaving our office. Each of the vital sign device(s) you are given, will monitor your readings Monday thru Friday during regular business hours. If you should have any problems outside of these hours (Monday -Friday 8:00am to 4:00pm) please call our office main number (404) 351-7467 for the on-call physician. Remote care management is a valuable tool because it gives us more insight into your key vital signs and allows for adjustments to your medical treatment between office visits.

Medicare will not allow duplication of these services so if you already receive these services from another doctor, please let us know in advance.

Your insurance carrier will be billed monthly for this care management service and you may be responsible for any coinsurance fee. Out-of-pocket expenses may be covered for patients who have a secondary insurance if guidelines are met. Accurate records of the time spent managing your care will be kept in our database if you should have any questions about what was done each month.

None of the above services replace urgent or emergency care.

Our goal is to keep your healthcare costs down, make access to care easier, and keep you as healthy as possible.

I acknowledge I have read and understand the program outlined above. I accept the rights and responsibilities outlined within them.

Signature - Patient or Legal Guardian

Date

Account Number

Print Name

Patient Date of Birth