



[DATE]

[NAME]
[ADDRESS]
[CITY, STATE, ZIP]

Dear Valued Patient:

Medicare has started an initiative where health care providers who share a common set of goals aimed at improving patient care can work together more effectively. This initiative brings together health care professionals in an Accountable Care Organization (ACO), to work together with Medicare to give you more coordinated care and services.

Dr. Karen E. Lee is voluntarily taking part in this new initiative by joining Arizona Priority Care REACH ACO (AZPC REACH) because we think it will help us provide better quality care for our patients.

You are receiving this letter and form because your doctor or other health care professional thinks that you might benefit from care coordination and preventive services offered by AZPC REACH.

AZPC REACH provides additional services at no cost to you, including:

- Additional Traditional Medicare Benefit Enhancements
- Benefit Engagement Incentives for the Management of Chronic Conditions
- In-Home Assessments & Care Coordination by a Nurse Practitioner
- Care Management and Post-Discharge services provided by a Registered Nurse

For more information about the health care services you are entitled to receive, contact AZPC REACH at 480-336-7444, TTY 711.

You can use this form to confirm that Dr. Karen E. Lee is the main doctor or other health care professional you see <u>or</u> the main place you go for routine care, to help determine if AZPC REACH should help coordinate your care. Routine care can include regular care and check-ups you get from a doctor or other health care professional and care for other chronic health problems, such as asthma, diabetes, and hypertension. **Please complete and return the enclosed form in the envelope provided by 10/31/2024.**

Alternatively, instead of returning this form, you can also log into Medicare.gov and select your main doctor or other health care professional in order to determine whether AZPC REACH should help with coordinating your care. If you make a selection on this form and make a different selection through Medicare.gov, Medicare will prioritize the most recently submitted selection.

Your benefits will NOT change, and you can visit any doctor, other health care professional, or hospital. Whether or not you complete this form or select a doctor or other health care professional through Medicare gov, you remain eligible to





receive the same Medicare benefits and you still have the right to use any doctor, other health care professional, or hospital that accepts Medicare, at any time. If you have questions, feel free to ask your doctor or other health care professional, call AZPC REACH at 480-336-7444, TTY 711, or call Medicare at 1-800-MEDICARE (1-800-633-4227) to ask about ACOs. TTY users should call 1-877-486-2048.

Completing this form or selecting a doctor or other health care professional through Medicare.gov is your choice AND you can change your mind. If you choose to complete this form or select a doctor or other health care professional through Medicare.gov you should do so yourself. No one else should complete this for you.

No one is allowed to attempt to influence your choice to complete this form or select a doctor or other health care professional through Medicare.gov by offering or withholding anything in exchange for you to complete or not complete the form or to make a selection online. If you feel pressured to sign or not sign this form or to make a selection online, please call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Please call 480-336-7444, TTY 711, or update your online selection if you change your mind later about whether you consider Dr. Karen E. Lee to be the main doctor or other health care professional you see <u>or</u> the main place you go for routine care.

Sincerely,

Arizona Priority Care REACH ACO

Get more information about ACOs.

CMS Website: https://innovation.cms.gov/innovation-models/aco-reach

ACO Website: Traditional Medicare (REACH ACO) - Arizona Priority Care (azprioritycare.com)





CONFIRMATION OF MAIN DOCTOR OR OTHER HEALTHCARE PROFESSIONAL FORM

	w I am confirming that my main is Dr. Karen E. Lee.	doctor or other healthcare professional – or the main place I go to for routing
Signature		Print Name
Signed Date		Medicare Beneficiary Identifier (MBI) (Number on your Medicare Card) Medicare Beneficiary Identifier (MBI) Medicare Beneficiary Identifier (MBI)
Address		HOSPITAL (PART A) 03-01-2016
City	State Zip	_
Telephone Number		 Email

2. RETURN



Option A) Return this form in the envelope that we provided.

Option B) Select your Primary Clinican or Main Doctor by scanning the code with your mobile device camera, to visit AZPC REACH Provider Selection Form (https://azprioritycare.com/provider-selection-form/).



Option C) Login to Medicare.gov visiting (https://www.medicare.gov) and select your Primary Clinician or Main Doctor.

Note: Completing and returning this form is voluntary. It won't affect your Medicare benefits

Priority Care REACH ACO at 480-336-7444, TTY 711, to request a new form.