

CCM:

P:

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### **Patient Healthcare Concerns**

**Providers:** This is to inform you that I am enrolled in the Southern Tier Connect Intellectual/ Developmental Disability Care Coordination Organization (CCO) / Health Home (HH). My Care Coordination Manager (CCM)/ support team and I have discussed some questions/ concerns prior to this appointment and are listed below. If you could please address each question/ concern to help me to have a better understanding, I would greatly appreciate it!

Please remember that you can also contact my CCM for any questions or concerns going forward – their contact info is listed in the top left corner. Thank you for your willingness to work collaboratively with me and my team so that I can receive the best possible care!

Release previously sent to provider office and on file       Release attached

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

Provider Office: \_\_\_\_\_ PCP Name: \_\_\_\_\_

QUESTIONS	ANSWERS