



MEDICAL GROUP

Patient Centered Medical Home Patient and Physician Agreement

I have received the Patient Centered Medical Home brochure describing this model of care, what I can expect from my physicians, and what is expected of me.

My physician has discussed the details of Patient Centered Medical Home with me and has answered all of my questions.

Patient Signature

Date

Printed Patient Name

Birth Date

Parent/Guardian

Date

Physician Signature

Date

Printed Physician Name