



Case Management Agreement

This Case Management Agreement ("Agreement") between _____ ("patient") sign and QualiCare Health Services Health Services ("QualiCare Health Services") is made with reference to the following facts:

Case management is collaborative process of assessment planning, facilitation and advocacy for options and services to meet the Patient's health needs through communication and available resources. Patient has sustained injuries from an accident _____
(Date of accident)

Patient desires to utilize the services of QualiCare Health Services Health Services to:

1. Evaluate facts surrounding the Patient's injuries in light of Patient's Past medical history
2. Chief physical complaints and interference with day to day activities.
3. Evaluate medical insurance availability to patient and options
4. Contact patient's insurer on Patient's behalf and coordinate care plan to meet Patient's health needs.

Patient agrees for themselves, their heirs, and personal representative, to hold QualiCare Health Services Health Services harmless from all damages, loss or liability that results from this agreement.

Patient authorizes QualiCare Health Services Health Services to intervene on patient's behalf with any person or entity, including but not limited to medical professionals, insurance, personal and attorneys regarding injuries sustained in the, accident referenced above.

Patient authorizes QualiCare Health Services Health Services to be compensated by the insurance company responsible for my Personal Protection Insurance (PIP) Benefits.

This agreement is effective immediately

Sincerely,

(Client Signature)

(Date)