QuadMed

TAKE CONTROL

CONDITION MANAGEMENT PROGRAM

COMMITMENT PLEDGE

To become an active member of the TakeControl program and qualify to receive discounts on condition-related supplies and medications, you must complete the following commitment pledge and at least one session with a TakeControl educator. If you haven't already, please call 855.717.4688 to schedule a session.

Participant's First Name _____ Last Name _____ Date of Birth _____

Phone Number _____

Email Address *(This will be used to communicate with the Participant/Legal Guardian/ Power of Attorney through QuadMed Secure Messaging.* _____

Provider's Name _____

Check condition(s) you are enrolling for: ☐ Asthma ☐ COPD ☐ Diabetes ☐ High blood pressure

ANNUAL PROGRAM REQUIREMENTS FOR ACTIVE MEMBERS

Requirement	Asthma	COPD	Diabetes	High Blood Pressure
TakeControl educator sessions	●	● ●	● ●	●
Primary care provider visits	●	● ●	● ●	●
A1C tests			● ●	
Respiratory Assessment (ACT, TRACK, CAT)	●	● ●		
Health Metric Review (BP, Pulse Ox)	●	● ●	● ●	●
Be tobacco-free or actively trying to quit	✓	✓	✓	✓

By completing this form, I am requesting to become an active member in the TakeControl condition management program. I understand that my participation in this program is voluntary and that I will only be able to qualify for the benefits associated with this program if I meet, and continue to meet, the requirements outlined for my condition(s). If I do not complete the annual requirements, I understand that my program incentives will be terminated. This commitment is effective until the end of the current program year and will renew each year unless I notify the TakeControl team that I would like to end my participation as an active member in the program.

By my signature below I acknowledge my understanding of the criteria as set forth above.

Signature of Participant _____ Date _____

Signature of Parent/Legal Guardian/Power of Attorney *(circle as applicable)* _____ Date _____

Please return to the TakeControl team:

TakeControl
W227 N6103 Sussex Road
Sussex, WI 53089
Email: TakeControl@quadmedical.com

For internal use only:
Clinical Date: # _____