



Colorado Patient Services

1-877-420-4205

A Project of the Cannabis Therapy Institute

P.O. Box 19084, Boulder, CO 80308

Web: www.coloradopatientservices.com

Email: patients@cannabistherapyinstitute.com

Colorado Patient Services

Colorado Patient Services is a large and growing referral network and patient resource service. From acupuncture to housecleaning to transportation to patient advocacy to legal services, Colorado Patient Services provides referrals and services to medical cannabis patients through their caregivers. Our experienced patient advocates will guide your patients to getting the services and support they need. Our referral network focuses on supporting patient-owned businesses, so many of our services are patients helping patients, further empowering our community.

Enrolling your patients in Colorado Patient Services will help caregivers create a detailed paper trail to prove to the state that they "do more" for their patients than supply medical marijuana, in accordance with the Colorado Court of Appeals decision on Oct. 29, 2009.

How it Works:

- 1) The caregiver fills out the Caregiver Enrollment Application.
- 2) The caregiver fills out a Patient Enrollment Form for each patient and has the patient sign it in the appropriate places.
- 3) The caregiver faxes that application and enrollment forms to Colorado Patient Services at 1-877-420-4205. Caregivers must enroll their patients in this program. Patients cannot join the program directly.
- 4) Colorado Patient Services will contact the caregiver within 1 business day to let you know if you have been accepted to the program and will give you your CPS ID#.
- 5) We will then contact your patients and give them referrals for any of their further caregiving needs. Although this referral service is free to the patient, the services themselves usually have a separate cost that the patient will be responsible for paying. Our referral network is large and growing, and many of our providers give discounts for Colorado Patient Services members. Whatever your patient needs, we will help them find it!
- 6) Colorado Patient Services will maintain accurate and detailed records of contact with the caregivers' patients and provide the caregivers with monthly reports on the services that were provided for the patients. This paper trail will help prove your compliance with Colorado law.

Fees: This service is being offered at an introductory rate. The caregiver needs to pay a \$100 application fee and charges will be billed per patient. Your final pricing structure will depend on the number of patients in the program.

Disclaimer: This information does not constitute legal advice. Please consult with your attorney.



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Colorado Patient Services
Caregiver Enrollment Application

Please fax this form to: 1-877-420-4205

Date: _____

Caregiver: _____

Business name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

E-mail: _____

Caregiver CPS ID#: _____

How many patients do you think you will eventually enroll in this program? Circle one:

1-50 51-100 101-200 201-300 Over 300

What other services would you like to see Colorado Patient Services provide?

How would you like to pay your \$100 application fee? _____

We will contact you for a custom pricing structure based on the number of patients you enroll.



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Colorado Patient Services
Patient Enrollment Form

Caregivers: Please fax this form to: 1-877-420-4205

Patient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

E-mail: _____

Caregiver: _____

Caregiver CPS ID#: _____

Permission to Receive Services

As part of the management of my care, I allow my caregiver to provide me with a free enrollment in the *Colorado Patient Services* program for referral to other services that my caregiver does not specialize in. I understand referrals from CPS will be free, but that there may be additional fees associated with these other caregiving services that I will be responsible for if I choose to engage those services. I understand that I am under no obligation to engage any further services.

Signed: _____ Date: _____

Patient Affidavit of Caregiver's Significant Responsibility

I attest to the fact that: _____
has taken significant responsibility for managing my well-being, including providing me with medical marijuana as well as other wellness services.

Signed: _____ Date: _____

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Patient Enrollment Form – Page 2

Patient Name: _____ Date: _____

Please check all the services that you are interested in receiving information or referrals on:

Wellness Services

- Acupuncture
- Cannabis Therapist
- Herbalist
- Hospice
- Massage Therapy
- Mental Health
- Physician

Specialty: _____

- Nutritional Counseling
- Physical Therapy
- Reiki

Other Services

- Educational Information:

Details: _____

- Household services or repairs
- Legal
- Meals
- Patient Advocacy (with insurance companies or hospitals)
- Shopping
- Social Security advocacy
- Transportation
- Veteran's advocacy

Not Applicable

- I do not require any wellness or other services at this time.

List any other services you need help with:

Caregivers: Please fax this form to: 1-877-420-4205
Keep a copy for your records.