

Ascension Complete

Member Storytelling

Admin

Care Coordinator / Care Manager Name: _____

Member Name: _____

Member ID: _____

Date Submitted: _____

Have you shared the release form (PDF) with the member and received their signature?

Yes No

Does the member consent to potential follow up by care management/Ascension Complete regarding potential inclusion in future member communication?

Yes No

Is the member willing to submit a photo or a video?

Yes No

Success Story

Summary of problems/barriers:

Summary of care management/Ascension interventions:

Summary of outcomes:

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Ascension Complete

How does the member's story connect to their Ascension Complete Medicare Advantage plan? Did a specific benefit make a difference? How did coverage enable the outcome? Was there a specific care manager or Ascension doctor that provided excellent care/made a big difference?

Are there any notable differences in terms of the plan benefits or care they received between Ascension Complete and their previous healthcare plan?

Are there any compelling/inspiring quotes from the member or a member's loved one/family member that would strengthen the story?

What can other members take away from this story/is there a specific call-to-action?

Anything else to add?

The member must be willing to sign the Authorization and Release form. We will not publish the story until we have received this signed form from the member.

Please include a photo of the care manager and the member.

Upon completion, please share this form via secure email with SuccessStories@AscensionComplete.com. If you are not sure how to send securely, please reach out to your IT department.