



CONFIDENTIAL & IMPORTANT

C-SNP Condition Qualification

The member listed below has enrolled in a C-SNP plan with Central Health Medicare Plan, to continue the member's health plan coverage, we must verify that they have a condition that qualifies them for enrollment in this plan.

Member Name:	
DOB:	Member ID:
PCP Name:	

INSTRUCTIONS: Please complete the information below to verify this patient's qualifying condition. *Please note that failure to verify the member's condition may affect their health plan enrollment.*

Please indicate this patient's qualifying diagnosis/diagnoses.			
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Chronic heart failure
<input type="checkbox"/>	Cardiac arrhythmia	<input type="checkbox"/>	Coronary artery disease
<input type="checkbox"/>	Peripheral vascular disease	<input type="checkbox"/>	Chronic venous thromboembolic disorder
Comments:			

Date of most recent assessment:
Provider name:
NPI:
Provider's signature:

Return the completed form as soon as possible to Central Health Medicare Plan via

FAX: **626-388-2371**

We greatly appreciate your help in this matter. Thank you for always providing excellent care to our members.