Clever Care HEALTH PLAN

Dear Doctor,

Member Name:	Member DOB:	Clever Care Health Plan ID Number:

is requesting Special Supplemental Benefit(s) for the Chronically Ill (SSBCI) benefit.

To receive this benefit, I must have at least one of the chronic conditions listed below verified by a healthcare provider.

Please check the appropriate box(es) below, complete the form, and fax back to 657-220-8227 ASAP.

자가면역 질환 / 심혈관 질환

Autoimmune disorders
- ☐ Polyarteritis nodosa 결절성 다발 동맥염
- ☐ Polymyalgia rheumatica 류마티스성 다발근통.
- ☐ Polymyositis 다발근염
- ☐ Rheumatoid arthritis
- ☐ Systemic lupus erythematosus 전신성 홍반루푸스. 류마티스관절염

- ☐ **Cancer** (actively monitoring)
- ☐ **Dementia** 치매
- ☐ **Diabetes** 당뇨.
- ☐ **End-stage liver disease** (간)
- ☐ **End-stage renal disease (ESRD)** 말기신장질환
- ☐ **HIV/AIDS**

Cardiovascular disorders
- ☐ Cardiac arrhythmias 심장 부정맥
- ☐ Coronary artery disease 관상동맥 질환
- ☐ Chronic heart failure 만성 심부전
- ☐ Peripheral vascular disease 말초 혈관 질환
- ☐ Chronic venous thromboembolic disorder 만성 정맥 혈전색전증

- ☐ **Chronic alcohol & other drug dependence** 만성 알코올 및 기타 약물 의존

Chronic and disabling mental health conditions
- ☐ Bipolar disorders 양극성 장애
- ☐ Major depressive disorders 주요 우울 장애
- ☐ Paranoid disorder 편집증
- ☐ Schizophrenia 정신 분열증
- ☐ Schizoaffective disorder 분열정동장애

Chronic lung disorders
- ☐ Asthma 천식
- ☐ Chronic bronchitis 만성 기관지염
- ☐ Emphysema 기종
- ☐ Pulmonary fibrosis 폐섬유증
- ☐ Pulmonary hypertension 폐 고혈압

Neurologic disorders 신경계 질환
- ☐ Amyotrophic lateral sclerosis (ALS) 근위축성 측색 경화증
- ☐ Epilepsy 간질
- ☐ Extensive paralysis (hemiplegia, quadriplegia, paraplegia, monoplegia) 광범위한 마비, 편마비, 사지마비, 하반신마비, 단일마비
- ☐ Huntington's disease 헌팅턴병
- ☐ Multiple sclerosis 다발성 경화증
- ☐ Parkinson's disease
- ☐ Polyneuropathy 다발신경병증
- ☐ Spinal stenosis 척추관 협착증
- ☐ Stroke and stroke-related neurologic deficit 뇌졸중 관련 신경학적 결손

Severe hematologic disorders 심각한 혈액학적 장애
- ☐ Aplastic anemia 재생 불량성 빈혈
- ☐ Hemophilia 혈우병
- ☐ Immune thrombocytopenic purpura 면역 혈소판 감소성 자반증
- ☐ Myelodysplastic syndrome 골수 형성 이상 증후군
- ☐ Sickle-cell disease (excluding sickle-cell trait) 겸상 적혈구 질환 낫적혈구 형질제외
- ☐ Chronic venous thromboembolic disorder 만성 정맥 혈전색전증

Please complete and sign the form and fax back to 657-220-8227, thank you.

Signature: _____

Date: _____