



## Verification of Chronic Condition Form

**Provider name:** \_\_\_\_\_

One of your patients has elected to enroll in a Clever Care Chronic Special Needs Plan (C-SNP). In order to qualify for continued enrollment in this plan, CMS requires verification that the individual has been diagnosed with one or more of the plan-qualifying chronic conditions. **Please complete a verbal or written verification within 48 hours of receipt.** Phone: (833) 388-8168 | Fax: (657) 276-4757.

### Patient information

Last Name:	First Name:	Middle Initial:
Medicare ID (MBI):	Date of Birth (mm/dd/yyyy):	

### Verify the patient's qualifying conditions (check all that apply)

- Asthma
- Chronic bronchitis
- Emphysema
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Cardiac Arrhythmia
- Coronary Artery Disease
- Peripheral Vascular Disease
- Chronic Venous Thromboembolic Disorder
- Chronic Heart Failure
- Patient does not have any of the above chronic conditions documented in his or her chart.

### Health Care Provider Attestation (can be completed by provider or office staff)

**I hereby attest that the above information is correct and noted in the patient's medical record.**

Printed name:	Title:
Signature:	Date (mm/dd/yyyy):

**CLEVER CARE OFFICE USE ONLY**

Date received:

Clever Care associate:

Status:

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Clever Care Health Plan, Inc. is an HMO C-SNP plan with a Medicare contract. Enrollment depends on contract renewal.