

Chronic Condition Special Needs Plan (C-SNP) Verification Form

Your provider must complete and sign this form to help us verify your chronic condition. If we do not receive this signed and completed form from your provider before the end of the second month of your enrollment, we will have to disenroll you from the plan.

Your provider, your Licensed Insurance Agent, or you may return this form to us by:

- Mailing it to HealthSpring E&E Team, PO Box 239, Nashville, TN 37202, or
- Faxing it to the attention of Medicare E&E Team at **1-615-695-4358**, or
- Sending an encrypted email to CSNPVerification@HealthSpring.com (secure email option is for providers and agents only).

Applicant Information

Last Name		First Name		Middle Initial
Date of Birth / /		Sex Male Female	Medicare Beneficiary Identifier (if known)	

Provider Chronic Condition Verification

Please answer all three questions.

1. Has your patient been diagnosed with:

Cardiovascular disorder? Yes No

Chronic Heart Failure? Yes No

Diabetes? Yes No

2. Is your patient currently taking prescription medication for cardiovascular disorders, chronic heart failure, or diabetes? Yes No

3. Does your patient currently have signs and/or symptoms of cardiovascular disorders, chronic heart failure, or diabetes? Yes No

Provider Name	Provider Title
Provider Signature	Date / /

This form must be signed by a physician, physician's assistant, or nurse practitioner.

You must be clinically diagnosed with cardiovascular disorders, chronic heart failure, or diabetes to be eligible for the HealthSpring Achieve (HMO C-SNP) plan and maintain coverage. If you have any questions, call Customer Service at 1-800-668-3813 or 1-800-627-7534 (AZ HMO only) (TTY 711). Our hours are 8 a.m. – 8 p.m. local time: October – March: 7 days a week; April – September: Monday – Friday. Messaging service used weekends, after hours, and on federal holidays.

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