



**CENTRAL HEALTH  
MEDICARE PLAN**

## 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.

<b>Member Name:</b>	
<b>DOB:</b>	<b>Member ID:</b>
<b>PCP Name:</b>	

**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.*

<b>Please indicate this patient's qualifying diagnosis/diagnoses.</b>			
<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
<b>Comments:</b>			

<b>Date of most recent assessment:</b>
<b>Provider name:</b>
<b>NPI:</b>
<b>Provider's signature:</b>

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.