

Health Net (HMO SNP)

Chronic Condition Verification Form

Provider name	
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One of your patients has elected to enroll in a Health Net Chronic Special Needs Plan (C-SNP). In order to qualify for continued enrollment in this plan, CMS requires verification from a health care provider that the individual has been diagnosed with one or more of the plan-qualifying chronic conditions.

Patient information

Last name	First name	MI

Medicare ID (HICN)			
	M	M	D D Y Y Y Y

Please verify the patient’s qualifying conditions (check all that apply)

- Diabetes mellitus
- Chronic heart failure (CHF)
- Cardiac arrhythmia
- Patient does not have any of the above chronic conditions documented in his or her chart.
- Coronary artery disease
- Chronic venous thromboembolic disorder
- Peripheral vascular disease

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.
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Printed name	Title

Signature	Date
	M M D D Y Y Y Y

Please complete verbal or written verification within 48 hours of receipt.

You or your office staff may complete this verification by:

Phone: To provide verbal verification, please contact the Health Net Membership Attestation Unit toll-free at **1-800-431-9007**. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

Fax: To provide written verification, please fax completed and signed verification form to **1-866-214-1992**.

Health Net office use only

Date rec’d.	Health Net rep.	Status

Health Net is contracted with Medicare for HMO SNP plans. Enrollment in Health Net depends on contract renewal.