



Chronic Condition Verification Form

Simply Healthcare Plans, Inc. (Simply) offers a Chronic Special Needs Medicare Advantage health plan, Simply Level (HMO C-SNP), and the applicant listed below has applied for enrollment in Simply Level (HMO C-SNP). This plan is available to all Medicare recipients diagnosed with congestive heart failure, cardiovascular disease, or diabetes mellitus. Simply Level (HMO C-SNP) will provide the applicant with additional benefits related to their condition, such as supplemental drug coverage. For the applicant to qualify, the applicant’s provider/provider’s office must confirm the applicant’s diagnosis.

If we do not receive confirmation of the qualifying condition from you promptly, the applicant may be disenrolled from the plan.

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| Applicant’s name: | |
| Applicant’s address: | |
| Applicant’s DOB: | |
| Applicant’s gender: | |
| Medicare ID number: | |
| Effective date: | |
| Physician name: | |
| Physician phone number: | |
| Physician fax number: | |

To be completed by the provider/provider’s office:

- I confirm this patient was diagnosed with one of the conditions below.
- I confirm this patient was not diagnosed with one of the conditions below.

Select all that apply:

- Congestive heart failure
- Cardiovascular disease
- Diabetes mellitus

Confirmation provided by:

<https://provider.simplyhealthcareplans.com>

Simply Healthcare Plans, Inc. is a Medicare contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.

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| Signature: | |
| Date: | |
| Printed name or stamp: | |
| Title: | |
| Practice name or address: | |
| Phone number: | |

Please return this form within five days of receipt via fax to:
Simply Healthcare Plans, Inc.
Attn: Enrollment Department
Fax: **877-577-9042**
Email: GBDCSNP@anthem.com

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.