



Chronic Special Needs Plan (CSNP) Pre-Qualification Form

Ultimate Health Plans offers Special Needs Plans (SNPs) designed for people with certain chronic or disabling conditions, Diabetes and Cardiovascular Disease (CVD). You may be eligible to join one of our chronic-care SNPs if you can answer YES to any of the questions below. We will verify the presence of the chronic condition with your health care provider within 30 days of enrollment. We are required to disenroll you from the special needs plan if we are unable to verify your chronic condition. It is very important, therefore, that you let your doctor know that we will require their verification of the information below and that you provide us with accurate contact information for your doctor or other health care provider on this form.

Do You Have Cardiovascular Disease (CVD) or Diabetes?

Has your doctor or other licensed health-care professional diagnosed you with any of the following medical conditions?

Cardiovascular Disease (CVD): Yes No

Diabetes: Yes No

CVD

- Have you had a heart attack or blood clot or been told by your doctor you are at risk of having one? Yes No
- Do you have heart pain (angina) or leg pain (claudication) brought on when you are active? Yes No
- Have you been told by your doctor that you have an irregular heartbeat (cardiac arrhythmia)? Yes No
- Do you take medicine for your heart or circulation? Yes No

Diabetes

- Do you check your blood sugar at home? Yes No
- Do you have high blood sugar? Yes No
- Do you take medicine to control your blood sugar? Yes No

Health Care Provider Contact Information

PROVIDER LAST NAME:

PROVIDER FIRST NAME:

PHONE NUMBER:
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FAX NUMBER:
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Beneficiary Information

LAST NAME:

FIRST NAME: MI:

SIGNATURE:

TODAY'S DATE: (MM/DD/YYYY)
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