Allwell CHF/Diabetes Medicare (HMO SNP)

Chronic Condition Verification Form

allwell. FROM arizona complete health

Provider name

One of your patients has elected to enroll in an Allwell 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) | Date of birth (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
- ☐ Coronary artery disease
- ☐ Chronic venous thromboembolic disorder
- ☐ Peripheral vascular disease
- ☐ Patient does not have any of the above chronic conditions documented in his or her chart.

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.

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 Allwell Membership Attestation Unit, toll-free at **1-888-926-2156**, Monday through Friday, 7:00 a.m. to 4:30 p.m. Pacific time, except holidays.

Fax: To provide written verification, please fax completed and signed verification form to **1-866-660-0465**.

Allwell office use only

Date rec'd. | Allwell rep. | Status

Allwell is contracted with Medicare for HMO, HMO SNP and PPO plans, and with some state Medicaid programs. Enrollment in Allwell depends on contract renewal. Contract services are funded in part under contract with the State of Arizona. Allwell has a contract with Medicare to offer HMO SNP plans.