

Imperial Senior Value (HMO C-SNP) offers a Special Need Plan (SNP) for people with chronic conditions. You may be eligible to join Imperial Senior Value (HMO C-SNP)'s special needs plan for chronic conditions if you can answer "Yes" to any of the questions below.

Please complete this form and return it to us with your enrollment application. Imperial will validate your chronic condition with your doctor within 30 days of the enrollment effective date. If we are unable to verify your chronic condition, we need to disenroll you from this plan.

BENEFICIARY INFORMATION				
Last Name		Name		Initial
Date of Birth		Medicare Beneficiary Identifier		
(Month / Day / Year)	Phone Number #1		Phone Number #2	
CLINICAL QUESTIONS TO QUALIFY CHRONIC CONDITION (S)				
DIABETES MELLITUS				
Have you been diagnosed by your doctor or other licensed healthcare professional with Diabetes?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you presented increased thirst, frequent urination, extreme hunger, unexplained weight loss, slow healing sores or frequent infections?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had problems with high blood sugar?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you take medications and/or have been put on a special diet to control your blood sugar?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
CHRONIC HEART FAILURE				
Have you been diagnosed by your doctor or other licensed healthcare professional with chronic or congestive heart failure?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had problems with fluid retention in your lungs or swelling in your legs due to heart problem?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you take medications to prevent legs or hand swelling?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you feel fatigue when walking or doing physical activity?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
When you walk, do you need to stop and rest?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
CARDIOVASCULAR DISORDERS				
Have you ever been diagnosed by a doctor or licensed healthcare professional with a cardiovascular condition, such as cardiac arrhythmia, coronary artery disease (including angina), blood clots, or vascular disease affecting your legs (e.g., peripheral artery disease or deep vein thrombosis)?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you experience palpitations, chest pain or tightness, or shortness of breath—particularly during physical activity or at rest?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever had a stroke, heart attack (cardiac infarction), or been advised that you have elevated cholesterol levels (LDL over 100 or total cholesterol over 200)?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been diagnosed with any metabolic conditions—such as high blood pressure, diabetes, or excess abdominal fat—that are associated with increased risk of cardiovascular disease?			<input type="checkbox"/> YES	<input type="checkbox"/> NO

Pre Enrollment SNP Qualification Assessment

HEALTH CARE PROVIDER(S) WHO CAN VERIFY YOUR CONDITION(S)		
Physician Name	Specialty	City
Physician Phone Number	Physician Fax Number	Does he/she work at any Hospital that you are aware of?
Physician Name	Specialty	City
Physician Phone Number	Physician Fax Number	Does he/she work at any Hospital that you are aware of?

AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION TO VERIFY CHRONIC CONDITION (S)
I hereby authorize the providers listed above to disclosure my protected health information to Imperial Health Plan to verify that I have been diagnosed with a chronic condition which qualifies me for enrollment in Imperial Senior Value (HMO C-SNP)'s chronic special needs plan. This authorization applies to all health information maintained by the provider concerning my medical history for the chronic condition(s) indicated above.
Beneficiary Signature:
Date:

PROVIDER ATTESTATION	
I hereby attest that my patient listed above has one or more of the following conditions:	
Chronic Heart Failure	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cardiovascular Disorders (CVD)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Diabetes Mellitus	<input type="checkbox"/> YES <input type="checkbox"/> NO
Provider Name	Provider Signature
Today's Date:	Provider Address

If you should have any questions please contact our Member Services Department at 1-800-838-8271, TTY: 711, October 1 - March 31: Monday - Sunday from 8:00 am PST. - 8:00 pm PST and April 1 - September 30: Monday - Friday from 8:00 am PST. - 8:00 pm PST., except holidays. Imperial Health Plan is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Health Plan depends on contract renewal. Imperial Health Plan of California (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-708-5976 (TTY: 711).