



Verification of Chronic Condition Form

Provider name: _____

One of your patients has elected to enroll in the Clever Care Jasmine 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	Name	Initial
Medicare ID (MBI)	Date of Birth (mm/dd/yyyy)	

PLEASE VERIFY THE PATIENT'S QUALIFYING CONDITIONS (CHECK ALL THAT APPLY)

- Diabetes mellitus
- Cardiovascular disease
- 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.

Printed name	Title
Signature	Date (mm/dd/yyyy)

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 Clever Care Membership Attestation Unit toll-free at **(833) 388-8168**. 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 **(657) 276-4757**.

CLEVER CARE OFFICE USE ONLY

Date received	Clever Care associate	Status
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Clever Care Health Plan, Inc. is an HMO C-SNP plan with a Medicare contract. Enrollment depends on contract renewal.