



Dear Doctor,

Member Name:

Member DOB:

Clever Care Health Plan ID Number:

is requesting Special Supplemental Benefit(s) for the Chronically Ill (SSBCI) benefit. To receive this benefit, I must have at least one of the chronic conditions listed below verified by a healthcare provider. **Please check the appropriate box(es) below, complete the form, and fax back to (657) 220-8227 ASAP.**

Autoimmune disorders

- ☐ Polyarteritis nodosa
- ☐ Psoriatic Arthritis
- ☐ Polymyalgia rheumatica
- ☐ Dermatomyositis
- ☐ Scleroderma
- ☐ Polymyositis
- ☐ Rheumatoid arthritis
- ☐ Systemic lupus erythematosus

☐ **Cancer** (excluding pre-cancer conditions or in-situ status)

Cardiovascular disorders

- ☐ Cardiac arrhythmias
- ☐ Chronic heart failure
- ☐ Coronary artery disease
- ☐ Peripheral vascular disease
- ☐ Chronic venous thromboembolic disorder

☐ **Chronic alcohol or drug dependency**

Chronic and disabling mental health conditions

- ☐ Bipolar disorders
- ☐ Major depressive disorders
- ☐ Paranoid disorder
- ☐ Schizophrenia
- ☐ Schizoaffective disorder

Chronic gastrointestinal disease

- ☐ Pancreatitis
- ☐ Inflammatory bowel disease

☐ **Non-alcoholic fatty liver disease**

☐ **Hepatitis B or C**

Chronic kidney disease

- ☐ Must be on dialysis

Chronic lung disorders

- ☐ Asthma
- ☐ Chronic bronchitis
- ☐ Emphysema
- ☐ Chronic Obstructive Pulmonary Disease (COPD)

Conditions associated with cognitive impairment

- ☐ Dementia
- ☐ Alzheimer's

☐ **Diabetes**

Immunodeficiency and Immunosuppressive disorders

- ☐ HIV

Neurologic disorders

- ☐ Amyotrophic lateral sclerosis (ALS)
- ☐ Fibromyalgia
- ☐ Chronic Fatigue Syndrome
- ☐ Spinal Cord Injury
- ☐ Epilepsy
- ☐ Cerebral Palsy
- ☐ Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia)
- ☐ Huntington's disease
- ☐ Multiple sclerosis
- ☐ Parkinson's disease
- ☐ Polyneuropathy
- ☐ Spinal stenosis
- ☐ Stroke or related neurologic deficit

☐ **Post-organ transplantation care**

Severe hematologic disorders

- ☐ Aplastic anemia
- ☐ Hemophilia
- ☐ Immune thrombocytopenic purpura
- ☐ Myelodysplastic syndrome
- ☐ Sickle-cell disease (excluding sickle-cell trait)

Please complete and sign the form and fax back to (657) 220-8227, thank you.

Signature:

Date: