

Dear Doctor,

Member Name:	Member DOB:	Clever Care Health Plan ID Number:
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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: