

Verification of Chronic Condition (VCC)

The member listed below has enrolled in a CarePlus Chronic Condition Special Needs Plan (C-SNP). To qualify for this Special Needs Plan, member diagnosis of the qualifying condition(s) must be verified by a physician or physician's office. **Please review the information below and send the completed verification to CarePlus right away. Members whose condition(s) cannot be verified are disenrolled from the plan.**

Member's Name: _____ Date of Birth: _____

Address: _____

CarePlus ID: _____ Medicare ID: _____

Proposed Effective Date: _____

My signature below authorizes information about my chronic condition to be shared with CarePlus. Note: While CarePlus does not require your signature, your physician may require this to release your personal information to us.

Member Signature

Date

To Be Completed by the Physician/Physician's Office

Please check all the boxes that apply. By signing this form, you confirm the patient has been diagnosed with one or more of the following severe or disabling chronic conditions.

☐ None

☐ Diabetes

☐ Chronic Heart Failure

☐ Chronic Lung Disease:
Asthma, Cystic Fibrosis,
Emphysema, Chronic
Bronchitis, Pulmonary
Fibrosis, Pulmonary
Hypertension, Chronic
Obstructive Pulmonary Disease
(COPD)

☐ Cardiovascular Disease:
Cardiac Arrhythmias, Coronary
Artery Disease, Peripheral
Vascular Disease, Valvular Heart
Disease

Confirmation provided by:

Physician/Office Staff Signature

Date

Printed Name or Stamp

Phone

Physicians/Office Staff can use the following ways to send the VCC to CarePlus:

- Fax this completed form to **1-877-889-9936**, or
- Scan this completed form and email to **CarePlus_VCC@careplus-hp.com**, or
- Call us at **1-877-271-5229** (Monday-Friday, 8 a.m. to 6 p.m., Eastern time)