

Wellcare by Health Net (HMO C-SNP)

Chronic Condition Verification Form

Provider name	
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One of your patients has elected to enroll in a Wellcare 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	First name	MI

Medicare ID			
	M	M	D D Y Y Y Y

Please verify the patient’s qualifying conditions (check all that apply)

- Diabetes
- Cardiovascular Disease
- Congestive Heart Failure
- Patient does not have any of the above chronic conditions documented in his or her chart.

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.
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Printed name	Title

Signature	Date
	M M D D Y Y Y Y

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 Wellcare Membership Attestation Unit toll-free at **1-888-926-2156 (TTY: 711)**. 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 **1-866-660-0465**.

Wellcare office use only

Date rec'd.	Wellcare Rep.	Status

Centene, Inc. is an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.