Diabetes & Heart Care Plan (HMO CSNP)
Chronic Condition Verification

Provider Name	***URGENT Request***

You are receiving this notice because one of your patients has elected to enroll in HealthTeam Advantage Diabetes & Heart Care Chronic Special Needs Plan.

Within the enrollment application, they have released authorization for HealthTeam Advantage to obtain this information from you.

In order to complete enrollment in the Chronic Special Needs Plan, your patient must prove that they do have a qualifying condition of Diabetes or Congestive Heart Failure. HealthTeam Advantage will need to obtain verbal or written attestation from you within enrollee's first 30 days of effective coverage to prove that enrollee has been diagnosed with one of the qualifying conditions in order to remain covered by the Chronic Special Needs Plan. This attestation can be obtained verbally on a recorded phone line or through mail/faxed completed attestation form.

Patient Information		
Last Name:	First Name:	MI:
Medicare ID:	Date of Birth:	
Please verify the patient's qualifying chronic conditions (Check all that apply)		
☐ Diabetes	☐ Congestive Heart Failure	
☐ Patient does not have any of the above chronic conditions documented in their chart.		
Healthcare Provider Attestation (can be completed by office staff or treating provider) ***I hereby attest that the above information is correct and noted in the patient's medical record.***		
Printed Name:	Title:	
Signature:	Date:	
Practice Stamp/Seal:		

You or your office staff may complete this verification by:

PHONE: (813) 283-2970 **FAX:** (800) 820-0774

Please complete verbal or written verification within 48 hours of receipt.

Health Plan Office Use ONLY		
Date Received:	Health Plan Rep:	Status: