Select Health Medicare Chronic Condition Verification Form

To be eligible to receive the additional benefits as part of the Special Supplemental Benefits for the Chronically Ill (SSBCI) on your Select Health Medicare plan, you must have a qualifying chronic condition.

You must select at least one diagnosed health condition below and sign this form to complete. Select Health must verify your chronic condition before you are given access to the SSBCI benefits.

FIRST Name	MIDDLE Initial (optional)	LAST Name
Medicare ID Number (MBI)	Birth Date (MM / DD / YYYY)	Phone Number

I have been diagnosed by my doctor with the following chronic health condition(s). For a full list of qualifying chronic conditions please visit **selecthealth.org/medicare/ssbci**. (Check all that apply)

- ❑ Autoimmune disorders
- ❑ Cancer
- ❑ Cardiovascular disorders
- ❑ Chronic alcohol and other drug dependence
- ❑ Chronic and disabling mental health conditions
- ❑ Chronic heart failure
- ❑ Chronic liver/Kidney disease
- ❑ Chronic lung disorders
- ❑ Dementia
- ❑ Diabetes
- ❑ End-stage liver disease
- ❑ End-stage renal disease (ESRD)
- ❑ HIV/AIDS
- ❑ Hypertension
- ❑ Malnutrition
- ❑ Musculoskeletal disorders
- ❑ Neurologic disorders
- ❑ Obesity
- ❑ Severe hematologic disorders
- ❑ Stroke
- ❑ I do NOT have any of the above chronic conditions

HEALTHCARE PROVIDER WHO CAN VERIFY YOUR CHRONIC CONDITION(S)

PROVIDER (Full name, address, and phone number required)

Provider First and Last Name: _____

Clinic Name: _____

Provider Address: _____ City: _____ ZIP: _____ State: _____

Provider Phone: _____ Provider Fax: _____

Enrollee Signature:	Today's Date (MM / DD / YYYY)

Provider Signature:	Today's Date (MM / DD / YY

NOTE: Returning this form with a completed Provider signature is the fastest way to process your verification. If you submit without a Provider signature, Select Health will attempt to contact your Provider for verification, which may take up to an additional 2-4 weeks to process and cause your SSBCI benefits to be delayed.

Please return the completed form via one of the following options:

> Fax to **801-442-0253**.

> Mail to the below address:

ATTN: SELECT HEALTH MEDICARE ENROLLMENT
P.O. Box 30196
Salt Lake City, UT 84130-0196

> Have your **Provider call us** at **855-442-9876 (TTY: 711)** weekdays, from 8:00 a.m. to 5:00 p.m. Mountain Time (MST) to verify your condition over the phone.

This form is also available online at **selecthealth.org/medicare/ssbci**.

Select Health will attempt to verify your chronic condition. If we are unable to verify your chronic condition(s), you will still be enrolled in the plan without the added SSBCI benefit(s). Once one or more chronic condition(s) are confirmed, your SSBCI benefits will be made available.

By signing and submtting this form, I hereby authorize the disclosure of my health information by the doctors listed above to Select Health in order to verify that I have been diagnosed with a chronic condition, which qualifies me to utilize specific benefits provided with a Select Health Medicare plan. This authorization applies to all health information maintained by the doctor concerning my medical history for the chronic condition(s) indicated above. I may refuse to sign or may revoke this authorization at any time for any reason, unless Select Health has already made disclosures in reliance on this authorization.

Note: Information disclosed as a result of this authorization will be protected by Select Health in accordance with applicable state and federal laws and requirements. A legal representative may help you complete this verification form. If a legal representative helps you complete this form and signs on your behalf, please include a description of the representative's authority.

For more information or for assistance with this form, please call us at **855-442-9900 (TTY: 711)**.

October 1 to March 31: Weekdays 8:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.
April 1 to September 30: Weekdays 8:00 a.m. to 8:00 p.m., closed weekends.

Select Health is an HMO, PPO, SNP plan sponsor with a Medicare contract. Enrollment in Select Health Medicare depends on contract renewal.

The benefits mentioned are part of a special supplemental program for chronically ill enrollees.Eligible chronic conditions include diabetes, hypertension, musculoskeletal disorders, lung disorders, and cancer, as well as other conditions not listed. Eligibility for the benefits is not based solely on your condition and all eligibility requirements must be met before the benefits are provided. For details, please contact us.

Select Health obeys federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

This information is available for free in other languages and alternate formats by contacting Select Health Medicare: **855-442-9900 (TTY: 711)** / Select Health: **800-538-5038**.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電