



Chronic Care SNP Post Enrollment Qualification Verification

URGENT

Date: _____

Member Name: _____

Member ID: _____

Member Address: _____

Member DOB: _____

You can Fax To: 305-675-0652

Dear Provider,

Post Enrollment Verification: MUST BE SIGNED BY THE DOCTOR'S OFFICE.

The above applicant has applied to enroll in the Chronic Special Needs Plan (CSNP) offered by HealthSun Health Plans, Inc. To qualify to enroll in this Chronic Special Needs Plan, the applicant must have one of the following conditions. By signing our enrollment application, the Applicant has permitted us the use of individually identifiable health information. HealthSun Health Plans Inc. complies with all HIPAA and Federal law requirements concerning the Privacy of such information. If you have any questions, please call Member Services at 1-877-336-2069, TTY: 1-877-206-0500 from October 1 to March 31, we are open 7 days a week from 8 a.m. to 8 p.m. EST. From April 1 to September 30, we are open Monday through Friday, 8 a.m. to 8 p.m. EST. and ask for any Enrollment Team Member. We request you to confirm that the applicant has one of the qualifying conditions by placing a check mark in the appropriate box(s).

- Cardio Vascular Disorders/Disease (CVD)
- Cardiac Arrhythmias
- Coronary Artery Disease
- Peripheral Vascular Disease
- Chronic Venous Thromboembolic Disorder
- Chronic Heart Failure (CHF)
- Diabetes Mellitus

Please provide the following:

Doctor's First Name, M.I. and Last Name: _____

Authorized Signature: _____ Date: ____ / ____ / ____

Must be signed by the doctor's office.

HealthSun Health Plans, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. HealthSun Health Plans, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Espanol (Spanish): ATENCION: Si habla espanol, tiene a su disposicion servicios gratuitos de asistencia linguistica. Llame al 1-877-336-2069 (TTY: 1-877-206-0500).