

SPECIAL NEEDS PLAN (SNP) PRE-QUALIFICATION FORM



Tell Us About Yourself (Please Print)

Member Name _____	Date _____	
Member DOB _____	Member Number/Medicare Beneficiary Identifier (MBI) _____	
Member Address _____		
City _____	State _____	
Zip Code _____	County _____	Member Phone # _____
Member Emergency Contact _____		
Member Emergency Contact Phone # _____		
Do you consider yourself to be homebound? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Physician Currently Treating the Applicant for the Qualifying Disease

Primary Care Physician Currently Treating the Condition(s)
Physician Name _____
Physician Phone # _____
Other Treating Specialists _____
Physician Name _____
Physician Phone # _____
<input type="checkbox"/> I authorize for AHP to request medical records from my physician(s)

Clinical Qualifying Questions

(Heart & Diabetes (HMO SNP) Chronic Special Needs Plans Only)

If the answer is "Yes" to at least one of the questions, the candidate pre-qualifies for the condition

Diabetes	
• Have you been told by a doctor that you have diabetes (too much sugar in the blood or urine)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
• Have you ever been prescribed or are you taking insulin or an oral medication that is supposed to lower the sugar in your blood?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Cardiovascular Disorders	
• Have you ever been told by a doctor that you have coronary artery disease, poor circulation due to hardening of the arteries or poor veins?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
• Have you ever had a heart attack or been admitted to the hospital for Angina (chest pain)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Chronic Heart Failure	
• Have you ever been told by a doctor that you have heart failure (weak heart)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
• Have you ever had problems with fluid in your lungs and swelling in your legs in the past, accompanied by shortness of breath, due to a heart problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

PLEASE TURN OVER TO COMPLETE THE FORM ➔

Physician Currently Treating the Applicant for the Qualifying Disease

Primary Care Physician Currently Treating the Condition(s)
Physician Name _____
Physician Phone # _____
Other Treating Specialists _____
Physician Name _____
Physician Phone # _____
 I authorize for AHP to request medical records from my physician(s)

List all current Medications: _____

I acknowledge that by joining the Heart & Diabetes (HMO SNP), I am enrolling in a plan which offers special programs specifically designed to maintain or improve my health condition. I understand that I am required to make an appointment at an Alignment Healthcare Center to get my special care plan underway. At that time, a health care provider will also verify any prequalifying conditions.

Enrollee Signature _____ Date _____
Agent/Broker Name _____ Date _____
Agent/Broker Signature _____
Appointment scheduled at time of enrollment? Yes No
Date _____ Time _____ Location _____

Alignment Health Plan is an HMO and an HMO SNP plan with a Medicare contract. Enrollment in Alignment Health Plan depends on contract renewal. Heart & Diabetes (HMO SNP) is available to anyone who has chronic Diabetes Mellitus and or anyone who has been diagnosed with cardiovascular disease or chronic heart failure.