FREEDOM HEALTH

P.O. Box 151108, Tampa, FL 33684

Chronic Care SNP Post Enrollment Qualification Verification

Date:_____

URGENT

Member Name:_____

Member Address:_____

_____

Member ID:_____

Member DOB:_____

Dear Member,

You can Fax To: 1-888-314-0795 or Email to CSNP_Forms@freedomh.com

In order to confirm that you have qualifying conditions, please have your doctor complete the verification form below. Visit your doctor and return this signed verification form in the return envelope by <Date>.

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 Freedom Health, 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. Freedom Health, 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 1-800-401-2740, TTY: 711, 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 SNP Verification 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).

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

Please provide the following:

Doctor's First Name: | | | | | | | | | | | | | | |

M.I. | |

Doctor's Last Name: | | | | | | | | | | | | | | | | | | | | |

Authorized Signature:_____

Date: ☐☐ / ☐☐ / ☐☐☐☐

MUST BE SIGNED BY THE DOCTOR'S OFFICE

Enrollment in Freedom Health, Inc. depends on contract renewal. Freedom Health, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Freedom Health, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Freedom Health, Inc. konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks. Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-401-2740 (TTY: 711). Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-401-2740 (TTY: 711).