– FOR PHYSICIAN OFFICE USE ONLY –

Physician Office Confirmation of Diagnosis

The following member is enrolled in SCAN Strive (HMO SNP) Chronic Condition Special Needs Plans. CMS requires confirmation of this member's diagnosis to remain enrolled in the plan. Please confirm if the following member has been diagnosed with one or more of the conditions listed below.

Member name:

DOB:

Member ID:

I hereby confirm with my signature below that the above applicant has one or more of the qualifying diagnosis.

Applicant has (**check all that apply**):

☐ Diabetes Mellitus (high blood sugar)
☐ Cardiac Arrhythmia
☐ Congestive Heart Failure
☐ Coronary Artery disease
☐ Peripheral Vascular disease
☐ Chronic Venous Thromboembolic disorder
☐ None of the above

Physician Name: ____________________________Date: ____________________

Physician Signature: ____

Medical Clinic and/or Physician Instructions

Timely confirmation is required for enrollment. Please sign and send this form back to SCAN no later than seven days from the date of receipt.

Fax 562-308-3679
Email C-SNPDXVerification@scanhealthplan.com