



Chronic Condition Verification

You are receiving this notice as your patient has elected to enroll into the Zing Health Chronic Special Needs Plan (C-SNP) Medicare Advantage plan.

To complete the enrollment into a C-SNP, Zing Health will need your confirmation that the enrollee has been diagnosed with one of the qualifying conditions. **Your response is required to ensure that the enrollee remains covered by Zing Health.**

Please see below and attached verification form to be completed to prevent enrollee loss of coverage.

- ☐ Complete attached verification form to prevent enrollee loss of coverage. Form must have qualifying condition(s) checked and provider attestation completed.
- ☐ Please resubmit the attached verification as the required information was not complete. Form must have qualifying condition(s) checked and provider attestation completed.
- ☐ **URGENT!** Complete attached verification form as member is pending disenrollment if chronic condition is not confirmed.



Zing Health Chronic Condition Verification

This attestation can be obtained verbally on a recorded phone line, through an encrypted email or faxed completed attestation form. You or your office staff may complete this verification.

Phone: 866-946-4458 | Fax: 877-289-2295

Email: CSNPVerification@myzinghealth.com

*Please send via encrypted email to protect the patient's privacy.

Provider Name	
Phone	

You are receiving this notice because your patient has elected to enroll into a Zing Health Chronic Special Needs (C-SNP) Medicare Advantage plan. If this is not a patient of yours, please contact us directly so we can update our records.

Within the enrollment application, he/she has released authorization for Zing Health to obtain this information from you.

To complete enrollment into a C-SNP, your patient must prove that he/she has a qualifying chronic condition evidenced by one or more of the following:

- Cardiovascular disorders (limited to cardiac arrhythmias, coronary artery disease, peripheral vascular disease, and chronic venous thromboembolic)
- Chronic heart failure
- Diabetes (Type I or Type II)
- End Stage Renal Disease (ESRD) requiring dialysis (any mode of dialysis)

Zing Health will need confirmation from you within the enrollee's first 30 days of effective coverage that the enrollee has been diagnosed with one of the qualifying conditions. Your response is vital to ensure your patient remains covered by Zing Health.

Patient Information		
First Name:	Last Name:	MI:
Medicare ID:	Date of Birth:	
Please verify the patient's qualifying chronic conditions (check all that apply)		
<input type="checkbox"/> Cardiovascular disorders <input type="checkbox"/> Chronic heart failure <input type="checkbox"/> Diabetes (Type I or Type II))	<input type="checkbox"/> ESRD (any mode of dialysis) <input type="checkbox"/> ESRD (patient does not have ESRD) <input type="checkbox"/> Patient does not have any of the chronic conditions documented in their chart	
Printed name:	Title:	
Signature:	Date:	
Practice Stamp/Seal:		

*Please complete verbal or written verification within 48 hours of receipt.

Health Plan Office Use ONLY		
Date Received:	Health Plan Rep:	Status: