



We're in this together:
Quality Health Care

Pre-enrollment Qualification Assessment Tool

A Special Needs Plan (SNP) is a type of Medicare Advantage Plan. WellCare Guardian (HMO SNP) offers Special Needs Plans that coordinate health care benefits for people with chronic or disabling conditions. You may be eligible to join if you can answer YES to any of the questions below. Please fill out this form and return it to us with your enrollment application. Our Plan will need to verify your chronic condition with your doctor within 30 days of enrollment. We must disenroll you from the special needs plan if we are unable to verify your condition. That means it is very important to let your doctor know that we will need this verification. It is also very important to give us accurate contact information for your doctor on the second page of this form.

Enrollee Information

Last name: MI:

First name: Date of birth:

Medicare ID number (HICN): Phone number:

Chronic Heart Failure/Cardiovascular Disorder/Diabetes

Has your doctor or other licensed health care professional diagnosed you with any of the following medical conditions?

Chronic Heart Failure (CHF) YES NO

Cardiovascular Disorder (CVD) YES NO

Diabetes YES NO

Chronic Heart Failure

Do you have fluid in your lungs?
YES NO

Do you have swelling in your feet and legs almost every day because of too much fluid in your body? YES NO

Do you take medicine for the fluid in your lungs or to help your heart beat stronger?
YES NO

Cardiovascular Disorder

Have you had a heart attack or been told by your doctor you are at risk to have one?
YES NO

Do you have heart pain (angina) or leg pain (claudication) when you are active?
YES NO

Do you take medicine for your heart or circulation?
YES NO

Diabetes

Do you check your blood sugar at home?
YES NO

Do you have high blood sugar?
YES NO

Do you take medicine to control your blood sugar? YES NO

WellCare 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.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-374-4056 (TTY: 1-877-247-6272).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-374-4056 (TTY: 1-877-247-6272)。



Enrollee Information

Last name: MI:

First name: Date of birth:

Medicare ID number (HICN): Phone number:

Authorization For Disclosure of Health Information to Verify Chronic Condition(s):

I authorize the providers listed below to share my health information with WellCare Guardian (HMO SNP) to verify that I have a chronic condition that qualifies me for enrollment in WellCare’s chronic special needs plan. This authorization applies to all health information maintained by the provider concerning my medical history for the chronic condition(s) indicated on the first page.

Note: WellCare will protect information disclosed as a result of this authorization in accordance with any state and federal laws and requirements that apply.

Call us if you have questions or need help with this form. You can reach us at 1-888-888-9355 (TTY 1-877-247-6272). Hours of operation are Monday–Friday, 8 a.m. to 8 p.m. Between October 1 and February 14, representatives are available Monday–Sunday, 8 a.m. to 8 p.m., or visit us anytime at www.wellcare.com/medicare.

Enrollee Signature: _____ Date:

Please give us contact information for your provider in the next section. We will contact your provider to complete this form.

Doctors or Other Health Care Provider(s) Who Can Verify Your Chronic Condition(s)

Provider #1:	Provider #2
Provider name:	Provider name:
Provider address:	Provider address:
Provider phone:	Provider phone:
Provider fax:	Provider fax:

Completed after enrollment by Provider

Provider Attestation

I hereby attest that my patient listed above has one or more of the following chronic conditions:

Chronic Heart Failure (CHF) YES NO

Cardiovascular Disorder (CVD) YES NO

Diabetes YES NO

Provider Signature _____ Date: _____

Provider Name (Printed): _____

Address: _____

WellCare (HMO SNP) is a Medicare Advantage organization with a Medicare contract. Enrollment in WellCare (HMO SNP) depends on contract renewal. This plan is available to anyone with Medicare who has been diagnosed with Cardiovascular Disorder, Chronic Heart Failure or Diabetes.

