Verification of Chronic Condition (VCC) Form

The individual listed below has elected to enroll in an Aetna® Medicare Chronic Condition Special Needs Plan (C-SNP). Please review, sign and return this form promptly.

For the patient to continue enrollment, CMS requires the plan to verify with a health care provider that the patient on this form has been diagnosed with one or more of the chronic conditions listed below. **Without verification, the member will be disenrolled from the plan. Please sign and return as soon as possible.**

Please complete the fields below. All required fields have a red asterisk (*).

Section 1. Patient demographic information	
Member's first name: *	Member's last name:*
Date of birth (MM/DD/YYYY):*	Medicare ID number:*
Member Phone number (including area code):*	Aetna member ID: (only add if available)

Section 2. Condition verification

Please select at least one condition (or check the box if the patient doesn't have a chronic condition), sign and enter title/office phone number. By signing this form, you confirm whether or not the patient has a diagnosis of one or more of the severe or disabling chronic conditions below.

Diabetes Mellitus:*	Chronic Heart Failure (CHF):*	Cardiovascular Disease:*
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No If yes, check all applicable boxes: ☐ Cardiac Arrhythmias ☐ Coronary Artery Disease ☐ Peripheral Vascular Disease ☐ Chronic Venous Thromboembolic Disorder

☐ PATIENT DOES NOT HAVE ANY OF THE ABOVE CHRONIC CONDITIONS.

Office phone number (including area code):*	Fax number (including area code):*	
Insert either NPI **or** TIN to complete form:*	NPI:	TIN:
Physician/Nurse Practitioner/Physician Assistant name:*	Physician/Nurse Practitioner/Physician Assistant signature:* Date signed:*	

You may print this form and complete one of the following actions:	
Use Cover Sheet without any Protected Health Information (PHI) and Fax to: **1-866-756-5514** **Attention: Enrollment Department**	**Only if you can send secure email should you scan completed form, then email secure to:** **VCC@Aetna.com**

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