

**DOCTORS SPECIAL NEEDS (SNP) PRE-QUALIFICATION ASSESSMENT FORM****For beneficiaries with Chronic Heart Failure (CHF) and/or Diabetes Mellitus**

Doctors HealthCare Plans, Inc., (HMO SNP) plan is a Medicare Advantage Special Needs Plan for people who meet specific enrollment criteria. To be eligible for this plan, you must have Medicare Part A, and be eligible for Medicare Part B and have been diagnosed with a CHF and/or Diabetes Mellitus. Please submit this completed pre-qualification form with your enrollment application. Doctors HealthCare Plans, Inc., will attempt to validate the information with the physician(s) listed in this assessment form. If you answer, "NO" to all of the questions in Sections A and B you will not be eligible for this Medicare Advantage Special Needs Plan.

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Name

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MBI#

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Date of Birth

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**CLINICAL PRE-QUALIFY QUESTION****Section A – Diabetes Mellitus**

If the applicant answers "Yes" or "Not Sure" to any of the following questions, then the beneficiary pre-qualifies for the SNP.

1. Have you ever or do you currently measure/or do you monitor your blood sugar?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
2. Have you ever been told by a doctor that you have high blood sugar or diabetes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
3. Have you ever had a blood test and your healthcare provider said your blood sugar was high?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure

**Section B – Chronic Heart Failure**

If the applicant answers "Yes" or "Not Sure" to any of the following questions, then the beneficiary pre-qualifies for the SNP.

1. Have you had problems with fluid in your lungs and swelling in your legs in the past, accompanied by shortness of breath, due to a heart problem? Sugar?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
2. Have you ever been told by a doctor or clinic that you have heart failure or Congestive Heart Failure (weak heart or weak heart pump)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
3. During the past 12 months, have you been counseled or educated about weighing yourself daily due to a heart problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure

**PRIMARY CARE PHYSICIAN**

Primary Care Physician Name

Physician Address

Physician Telephone Number

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**DO YOU HAVE ANY SPECIALIST PHYSICIANS THAT YOU SEE?**

Physician Name

Physician Address

Physician Telephone Number

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Applicant Signature ..... Today's Date .....

Witness Signature (if applicable)..... Today's Date .....

Agent/Broker Name (Print).....

Agent/Broker Signature ..... Today's Date .....

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Doctors HealthCare Plans, Inc., is an HMO with a Medicare contract. Enrollment in Doctors HealthCare Plans, Inc., depends on contract renewal. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (786) 460-3427 o (833) 342-7463 (TTY:711).