



Imperial Insurance Companies, Inc. (HMO SNP) Pre-Enrollment Qualification Assessment Tool

This form must be submitted with the enrollment application for Imperial Insurance Companies, Inc. (IIC) (HMO SNP) Value plan 005.

Applicant to Complete		
First Name:	MI:	Last Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	Phone Number:
Address:		
City:	State:	Zip

Clinical Qualifying Questions

If you have any of the following, you may be eligible to join IIC plan 005. Prior to the end of the first month of enrollment, IIC will confirm with your assigned licensed practitioner that you have a qualifying condition necessary for enrollment in IIC Chronic SNP plan 005. If at any time, or at some subsequent time, it is determined you do not have a qualifying condition, you will no longer be eligible for IIC Chronic SNP plan 005 and IIC will be required to disenroll you from plan 005.

Check off the boxes for conditions your doctor has said you may have:

- Diabetes Mellitus** (high blood sugar)
- Chronic Heart Failure**
 - Hypertension (high blood pressure)
- Cardiovascular Disorder**
 - Cardiac arrhythmias (palpitations, extra heart beats, atrial fibrillation, atrial flutter, fast or slow heart rate, pacemaker, defibrillator, fainting)
 - Coronary artery disease (heart attacks, stents, heart surgery)
 - Peripheral vascular disease (poor circulation)
 - Chronic venous thromboembolic disorder (blood clots)
 - History of stroke
 - Hyperlipidemia (High cholesterol level)

Medication Questions

1. Are you now or have you ever taken medications for an illness listed above? Yes No
2. Have you ever been taken insulin injections? Yes No
3. Have you ever taken Metformin? Yes No
4. What medications are you currently taking? _____

Physician Name:	Phone Number:	Fax Number:
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Physician Address:

Applicant's Authorization to Disclosure Health Information

I hereby authorize the disclosure of my health information by the provider listed above to IIC to verify I have been diagnosed with a chronic condition which qualifies me for enrollment in IIC. This authorization applies to all health information maintained by the provider concerning my medical history for the chronic condition(s) indicated above.

_____	_____	_____
Print Name of Applicant	Signature of Applicant	Date



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Applicant Information		
First Name:	Last Name:	DOB:
Licensed Practitioner to Complete		
Physician Name:	Phone Number:	Fax Number:
Physician Address:		
<p>I hereby confirm the above applicant has the qualifying chronic condition(s) indicated below. Applicant has:</p> <p><input type="checkbox"/> Diabetes Mellitus (high blood sugar)</p> <p><input type="checkbox"/> Chronic Heart Failure</p> <ul style="list-style-type: none"> • Hypertension (high blood pressure) <p><input type="checkbox"/> Cardiovascular Disorder</p> <ul style="list-style-type: none"> • Cardiac arrhythmias (palpitations, extra heart beats, atrial fibrillation, atrial flutter, fast or slow heart rate, pacemaker, defibrillator, fainting) • Coronary artery disease (heart attacks, stents, heart surgery) • Peripheral vascular disease (poor circulation) • Chronic venous thromboembolic disorder (blood clots) • History of stroke • Hyperlipidemia (High cholesterol level) 		
_____ Print Name of Physician	_____ Signature:	_____ Date Applicant Seen:
<i>Fax Assessment Tool to IIC at 1-626-380-9066 attention Membership Department</i>		

If you should have any questions please contact our Member Services Department at 1-800-838-8271, (TTY/TDD: 711), Monday through Sunday, 8:00 am to 8:00 pm except holidays during October 1 through March 31 and Monday through Friday 8:00 am to 8:00 pm April 1 through September 30 except holidays.

Imperial Insurance Companies is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Insurance Companies depends on contract renewal.

Imperial Insurance Companies (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).

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 1-800-708-5976 (TTY: 711).