



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, the Centers for Medicare & Medicaid Services (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 provider verification, the member will be disenrolled from the plan within 60 days of enrollment. Please sign 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 disorder: * ☐	If yes, check all applicable boxes: ☐ Cardiac arrhythmias ☐ Coronary artery disease ☐ Peripheral vascular disease ☐ Valvular heart disease
☐ PATIENT DOES NOT HAVE ANY OF THE ABOVE CHRONIC CONDITIONS			
Office phone number (including area code): *		Fax number (including area code): *	
Insert NPI, TIN or BOTH 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:
1-844-749-2651
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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