

This attestation can be obtained verbally on a recorded phone line, through an encrypted email or faxed completed attestation form. You or your office staff may complete this verification.

Phone: 1-866-946-4458 | **Fax:** 312-809-9404 or 855-946-4458 | **Email:** enrollment@myzinghealth.com

***Please send via encrypted email to protect the patient's privacy.**

Provider Name	
Phone	

You are receiving this notice because your patient has elected to enroll into a Zing Health Chronic Special Needs (C-SNP) Medicare Advantage plan. If this is not a patient of yours, please contact us directly so we can update our records.

Within the enrollment application, he/she has released authorization for Zing Health to obtain this information from you.

To complete enrollment into a C-SNP, your patient must prove that he/she has a qualifying chronic condition evidenced by one or more of the following:

- Cardiovascular disorders (limited to cardiac arrhythmias, coronary artery disease, peripheral vascular disease, and chronic venous thromboembolic)
- Chronic heart failure
- Diabetes (Type I or Type II)
- End Stage Renal Disease (ESRD) requiring dialysis (any mode of dialysis)

Zing Health will need confirmation from you within the enrollee's first 30 days of effective coverage that the enrollee has been diagnosed with one of the qualifying conditions. Your response is vital to ensure your patient remains covered by Zing Health.

Patient Information		
First Name:	Last Name:	MI:
Medicare ID:	Date of Birth:	
Please verify the patient's qualifying chronic conditions (check all that apply)		
Cardiovascular disorders Chronic heart failure Diabetes (Type I or Type II)	ESRD (any mode of dialysis) Patient does not have any of the chronic conditions documented in their chart	
Printed Name:	Title:	
Signature:	Date:	
Practice Stamp/Seal:		

***Please complete verbal or written verification within 48 hours of receipt.**

Health Plan Office Use ONLY		
Date Received:	Health Plan Rep:	Status: