



CHRONIC CONDITION VERIFICATION FORM

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with Federal law concerning the privacy of such information.

Release of Information

By joining either the Sonder Diabetes Wellness Plan (C-SNP H1748003) or the Sonder Heart Healthy Plan (C-SNP H1748004), I acknowledge that I have one or more of the following conditions:

- Diabetes
- Cardiovascular Disease

I authorize and direct _____ (Care Provider/Specialist) to confirm my chronic condition and disclose my medical records to Sonder Health Plans. This authorization shall be effective until I am no longer enrolled in Sonder Health Plans.

APPLICATION USE AND DISCLOSURE AUTHORIZATION

APPLICANT/AUTHORIZED REPRESENTATIVE, please complete.

Print Name of Applicant/Authorized Representative: _____

Medicare ID Number _____ Date of Birth: _____

Signature of Applicant/Authorized Representative: _____ Date: _____

If you are the authorized representative of the applicant, provide the following information:

Relationship to Applicant: _____ Telephone Number: _____

I understand that my printed name (or the printed name of the person legally authorized to act on my behalf) on this C-SNP Verification Form ("Form") means that I have read and understand the contents of this Form. If the Form has the printed name of an authorized representative, the printed name certifies that: 1) This person is authorized under State law to complete this Form, and 2) Documentation of this authority is available upon request by Medicare.

PROVIDER CONFIRMATION OF CHRONIC CONDITION

CARE PROVIDER/SPECIALIST, please complete.

I, _____ (Care Provider/Specialist), hereby certify that _____ (Applicant) has the following health condition(s):

- Diabetes
- Cardiovascular Disease (CVD)

Care Provider/Specialist Signature: _____ Date: _____

Fax this completed form to: 1 (888) 891-0019

Mail this form to:

Sonder Health Plans

6190 Powers Ferry Road, Suite 320, Atlanta, GA 30339

If you have any questions, please call: 1 (888) 428-4440, TTY 711, 7 days a week, 8 am - 8 pm.

Sonder Health Plans, Inc. is an HMO with a Medicare contract.
Enrollment in Sonder Health Plans, Inc. depends on contract renewal.