

Please have this form completed by your treating provider. Your provider may also contact BlueJourney Alliance (HMO SNP) by phone at 1-800-992-4293 to provide this information.

Beneficiary Name: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

I, \_\_\_\_\_ hereby certify that the above beneficiary has been  
(Printed Name of Physician, Specialist, or Provider)  
diagnosed with the following health condition(s):

For BlueJourney Alliance Heart and Diabetes Care (HMO SNP):	For BlueJourney Alliance Lung Care (HMO SNP):
<input type="checkbox"/> Cardiac Arrhythmias <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Peripheral Vascular Disease <input type="checkbox"/> Chronic Venous Thromboembolic Disorder <input type="checkbox"/> Chronic Heart Failure <input type="checkbox"/> Diabetes Mellitus	<input type="checkbox"/> Asthma <input type="checkbox"/> Chronic Bronchitis <input type="checkbox"/> Emphysema <input type="checkbox"/> Pulmonary Fibrosis <input type="checkbox"/> Pulmonary Hypertension
<input type="checkbox"/> Patient does not have any of the above illnesses documented in his/her patient chart.	

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form within 48 hours of receipt to BlueJourney Alliance (HMO SNP) by:

1. Faxing this form to Capital BlueCross' confidential number at 717-651-4938.
2. Mailing the completed form to:

**Medicare Programs  
PO Box 779827  
2500 Elmerton Ave  
Harrisburg, PA 17110-9956**

BlueJourney Alliance (HMO SNP) is offered by Keystone Health Plan<sup>®</sup> Central, a Medicare Advantage organization with a Medicare contract. Enrollment in BlueJourney Alliance (HMO SNP) depends on contract renewal. These plans are available to people meeting certain eligibility requirements, including having been diagnosed with a form of Heart Disease, Congestive Heart Failure, Chronic Lung Disease, or Diabetes.

Capital BlueCross is an Independent Licensee of the BlueCross BlueShield Association.