



# Zing Health C-SNP Pre-Enrollment Qualification Assessment Tool

Complete this form if you are applying to enroll in a Zing Health Medicare Advantage Chronic Condition Special Needs Plan (C-SNP). To qualify, you must have at least one of the severe or disabling chronic conditions covered by the plan you selected. Check the applicable condition below and submit the completed form with your enrollment application. Zing Health will contact one or more of your current health care providers to confirm that you have a qualifying condition.

**If you need assistance completing this form or have any questions, please contact Zing Health at:**

**Phone: 866-946-4458 (TTY: 711)**

8 a.m. to 8 p.m. Monday - Friday (April 1 - September 30)

8 a.m. to 8 p.m. 7 days a week (October 1 - March 31)

**Fax: 312-809-9404 or 855-946-4458**

**Email: [Enrollment@myzinghealth.com](mailto:Enrollment@myzinghealth.com)**

## Applicant Information

|               |                    |                 |
|---------------|--------------------|-----------------|
| Last Name:    | First Name         | Middle Initial: |
| Medicare ID:  | Date of Birth:     |                 |
| Phone Number: | Cell Phone Number: |                 |

**Check each condition that a licensed health care professional has told you that you have. At least one condition must qualify for the C-SNP in which you are applying to enroll.**

### Heart & Diabetes C-SNPs

- ☐ Cardiovascular Disorder (limited to cardiac arrhythmias, coronary artery disease, peripheral vascular disease, and valvular heart disease)
- ☐ Chronic Heart Failure
- ☐ Diabetes (Type I or II)

### Balance C-SNPs

- ☐ Overweight (BMI 25 - 29.9), or Obesity (BMI > 30)
- ☐ Metabolic Syndrome

### Dialysis C-SNPs

- ☐ Chronic Kidney Disease (Stages 1-5, including ESRD)

**For each condition checked above, describe any current or recent signs, symptoms, test results, measurements, or treatments that relate to that condition. If you do not know, enter "Not sure."**

**For each condition checked above, list the medications you currently take for that condition. If you do not take medication or do not know the medication name, enter "None" or "Not sure."**

**Other relevant clinical information, if known, such as BMI, blood sugar results, kidney stage/eGFR, dialysis status, or heart/circulation diagnosis. If you do not know, enter "Not sure."**

Please list up to two current health care providers who are familiar with your condition. Zing Health may also contact other current health care providers involved in your care who are identified through claims, medical records, or other available information.

**Healthcare Provider(s) Who Can Verify Your Chronic Condition(s):**

**Provider #1** Full Name:

Provider Phone Number:

Provider Fax Number:

Provider Address:

**Provider #2** Full Name:

Provider Phone Number:

Provider Fax Number:

Provider Address:

**Authorization For Use and Disclosure of Health Information to Verify Chronic Condition(s):**

By signing below, I authorize the health care providers listed above, as well as other current health care providers involved in my care whom Zing Health identifies through claims data, medical records, information provided by me, or other information available to Zing Health, to disclose to Zing Health and its affiliates the health information reasonably necessary to verify that I have a chronic condition that qualifies me for enrollment in a Zing Health Chronic Condition Special Needs Plan (C-SNP).

This authorization includes information concerning the qualifying chronic condition(s) marked on this form, including relevant medical history, diagnoses, signs or symptoms, test results, measurements, medications, and treatment. I also authorize Zing Health to obtain and review relevant claims and medical information to identify appropriate current health care providers and support the eligibility-verification process. I understand that review of claims or medical information alone does not replace the required confirmation from my current qualified health care provider.

**I understand that if Zing Health is unable to obtain confirmation of a qualifying chronic condition during the first month of my enrollment, Zing Health will notify me that I will be disenrolled from the C-SNP at the end of the second month of my enrollment.**

Applicant (or Authorized Representative) signature: \_\_\_\_\_

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

## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

### English:

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call us at **1-866-946-4458 (TTY: 711)**.

### Spanish:

ATENCIÓN: Si habla español, hay servicios gratuitos de asistencia lingüística disponibles para usted. También dispone de servicios auxiliares adecuados para brindarle información en formatos accesibles sin cargo. Llámenos al **1-866-946-4458 (TTY: 711)**.

### Polish:

UWAGA: Jeśli mówisz po polsku, dostępne są dla Ciebie bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi pomocnicze w zakresie dostarczania informacji w dostępnych formatach są również zapewniane bezpłatnie. Zadzwoń do nas pod numer **1-866-946-4458 (TTY: 711)**.

### Chinese Simplified:

温馨提示: 如果您讲中文, 我们将为您提供免费的语言协助服务。此外, 我们还免费提供适当的辅助工具和服务, 以便提供无障碍格式的信息。请致电 **1-866-946-4458 (TTY: 711)**。

### Chinese Traditional:

注意: 如果您講中文, 我們可免費為您提供語言協助服務。我們亦免費提供適當的輔助工具和服務, 協助您以無障礙格式獲取資訊。請致電 **1-866-946-4458 (TTY: 711)**。

### Korean:

주의: 한국어를 사용하시면 무료 통역 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구와 서비스도 무료로 제공됩니다. **1-866-946-4458 (TTY: 711)**번으로 전화하십시오.

**Tagalog:**

ATENSYON: Kung nagsasalita kayo ng Tagalog, may mga available na libreng serbisyo ng tulong sa wika para sa inyo. May mga available ding naaangkop na dagdag na tulong at serbisyo upang magbigay ng impormasyon sa mga accessible na format nang walang bayad. Tumawag sa amin sa **1-866-946-4458 (TTY: 711)**.

**Arabic:**

تنبيه: في حال كنت تتحدث اللغة العربية، تتوفر خدمات مساعدة لغوية مجانية. كما تتوفر أيضًا الوسائل والخدمات المساندة المناسبة مجانًا لتقديم المعلومات بتنسيقات سهلة الوصول. اتصل بنا على الرقم **1-866-946-4458** (الهاتف النصي: **711**).

**Russian:**

ВНИМАНИЕ! Если вы говорите на русском языке, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах также доступны бесплатно. Позвоните нам по телефону **1-866-946-4458 (TTY: 711)**.

**Gujarati:**

ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો મફત ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. સુલભ ફોર્મટમાં માહિતી પૂરી પાડવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ વિનામૂલ્યે ઉપલબ્ધ છે. અમને **1-866-946-4458 (TTY: 711)** પર કોલ કરો.

**Vietnamese:**

CHÚ Ý: Nếu quý vị nói tiếng Việt, quý vị có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và tính năng hỗ trợ bổ sung phù hợp để cung cấp thông tin ở các định dạng dễ truy cập cũng được cung cấp miễn phí. Xin gọi cho chúng tôi theo số **1-866-946-4458 (TTY: 711)**.

**Italian:**

ATTENZIONE: per coloro che parlano italiano sono disponibili servizi gratuiti di assistenza linguistica. Sono inoltre disponibili a titolo gratuito ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiamare al numero **1-866-946-4458 (TTY: 711)**.

**Hindi:**

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ परास्त्रों में जानकारी परदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी बिना किसी शुल्क के उपलब्ध हैं। हमें **1-866-946-4458 (TTY: 711)** पर कॉल करें।

**French:**

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés sont également disponibles gratuitement afin de fournir des informations dans des formats accessibles. Appelez-nous au **1-866-946-4458 (TTY : 711)**.

**German:**

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos verfügbar. Rufen Sie uns an unter **1-866-946-4458 (TTY: 711)**.

## Pennsylvania Dutch:

WICHDICH: Wann du Deitsch schwetzscht un brauchschst Hilf fer eppes verschtehe, kenne mer dich helfe unni as es dich ennich eppes koschde zellt. Mir kenne en latt differnti Sache un Services beigriege so as du Information gut vernemme un verschtehe kannscht, aa fer nix. Call uns an die **1-866-946-4458 (TTY: 711)**.

**Burmese:**

သတိပြုရန်- သင် မြန်မာစကား ပြောပါက၊ သင့်အတွက် အခမဲ့ ဘာသာစကား  
အထောက်အပံ့ဝန်ဆောင်မှုများကို ရရှိနိုင်ပါသည်။ သတင်းအချက်အလက်များကို ရယူအသုံးပြုရလွယ်သော  
ဖော်မတ်များဖြင့် ပံ့ပိုးမည့် သင့်လျော်သော အရန် အကူအညီများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့  
ရရှိနိုင်ပါသည်။ ကျွန်ုပ်တို့၏ ဖုန်း **1-866-946-4458 (TTY- 711)** သို့ ခေါ်ဆိုပါ။

**Japanese:**

注: 日本語をお使いの方に、無料の言語支援サービスをご用意しております。アクセシブルな(誰もが利用できるよう配慮された)形式で情報を提供するための適切な補助器具やサービスも無料でご利用いただけます。1-866-946-4458(TTY: 711)までお電話ください。

**Syriac or Assyrian:**

[illegible]

1-866-946-4458 (TTY: 711)