

Please complete and submit this form with your enrollment application. You must have one of the qualifying conditions listed below. In addition, please provide contact information for a physician that Brand New Day may contact to verify your condition(s). If your eligibility cannot be verified during the first month of enrollment, you will be disenrolled from Brand New Day Embrace Care Plan (HMO C-SNP) 39, Embrace Choice Plan (HMO C-SNP) 40, or Embrace Care Plan (HMO C-SNP) 47 at the end of the second month.

Applicant Information		
Last Name	First Name	Middle Initial
Medicare ID Number	Date of Birth (MM/DD/YY)	Phone Number
Health Information		
Have you been diagnosed with diabetes (high blood sugar) or are you taking insulin or other medications to control your blood sugar?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been diagnosed with chronic or congestive heart failure (CHF) , have a weak heart, or had fluid retention in the lungs or swollen legs due to a heart problem?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been diagnosed with cardiac arrhythmia or atrial fibrillation (AFib) or have you had problems with rapid, irregular heartbeat?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been diagnosed with coronary artery disease (CAD) or peripheral vascular disease , had a heart attack, or experienced poor circulation due to hardening of the arteries or veins?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been diagnosed with chronic venous thromboembolic disorder or had blood clots in the veins more than once?		<input type="checkbox"/> Yes <input type="checkbox"/> No
List the medications you are taking to treat your condition(s):		
Physician Who Can Verify Your Condition(s)		
Physician Name:	Phone:	Fax:
Office Address:		
Physician Signature		Date
Authorization for Disclosure of Health Information		
I authorize the provider listed above to disclose my health information and/or provide medical records to Brand New Day Medicare Plan.		
Print Applicant Name	Applicant Signature	Date

For more information or for assistance with this form, please call Member Services at 1-866-255-4795, 7 days a week, 8 AM - 8 PM (TTY users should call 711).