Provider Attestation for Supplemental Benefits

MARTIN'S POINT®
HEALTH CARE

Martin's Point Generations Advantage members may be eligible to receive supplemental benefits if they have a specific diagnosis. In instances where Martin's Point Health Care does not have evidence of a specific diagnosis through claims, the member must request this form be filled out by their provider. Once the Plan receives a completed form indicating the presence of one or more the diagnoses listed below, the member will be eligible for certain supplemental benefits on the date we receive the form. Please allow seven (7) business days for processing once the document is received by the plan.

To be filled out by the Generations Advantage plan <u>member</u>:

A Member Information (please print)

Member Name: _____   Date of Birth: ____/____/_____

Generations Advantage Member ID Number: _____

To be filled out by <u>the provider</u>:

B Please indicate which condition(s) the member has and date diagnosed for each:

Chronic Kidney Disease   Date diagnosed: ____/____/_____

Diabetes   Date diagnosed: ____/____/_____

Prediabetes   Date diagnosed: ____/____/_____

History of Falls/or Hip Fracture   Date diagnosed: ____/____/_____

Opioid-Use Disorder   Date diagnosed: ____/____/_____

Chronic Pain *(Limited to the following ICD-10 codes):*

G89.0   G89.2   G89.21   G89.22   G89.28   G89.29   G89.3   G89.4

Date(s) diagnosed: _____

C Provider National Provider Identifier (NPI): _____

D Physician Name (please print): _____

E Physician Signature: _____

Instructions to provider:

Please complete all fields of this form. By signing this form, you are attesting to the fact you are the patient's medical provider and the information provided is accurate. Upon completion return to:

Martin's Point Generations Advantage
Enrollment Department
PO Box 9746
Portland, ME 04104

Or FAX to 207-828-7818