

Special Coverage Request			
Name of affiliate:			
Contract number:	Age:	Height:	Weight:
Special condition:		ICD-10	
Name of the specialist:		Specialty:	
Postal address:		Phone:	
		Fax:	
Certification of condition (see overleaf documentation requirements)			
Dx. (month/day/year) date:			
Clinical history:			
Studies/Laboratories/Pathology (submit evidence):			
Treatment plan			
Code	Description	Date of start (month/day/year)	Completion date (month/day/year)
PCP name:			
Signature:			Date:

Please send by fax to **787-993-3265**. If you have questions or to follow up you can communicate to programme Management of Chronic Conditions Program at 787-620 -1919, Ext. 5041.

Triple-S Advantage, Inc. is a health maintenance organization (HMO) and preferred provider organization (PPO) with a Medicare contract, and a contract with the Puerto Rico Government Health Plan (GHP). Enrollment in Triple-S Advantage, Inc. depends on contract renewal. Triple-S Advantage, Inc. is an independent licensee of the BlueCross BlueShield Association.

Condition	Documentation requirements
<input type="checkbox"/> Chronic Renal disease (ESRD)	<input type="checkbox"/> Date of first dialysis and vascular access <input type="checkbox"/> Transplanting date <input type="checkbox"/> Form 2728
<input type="checkbox"/> HIV / AIDS	<input type="checkbox"/> Western Blot test result
<input type="checkbox"/> Lupus	<input type="checkbox"/> Certification of diagnostic rheumatologist or nephrologist
<input type="checkbox"/> Multiple Sclerosis or Amyotrophic Lateral Sclerosis	<input type="checkbox"/> Results of MRI, spinal fluid IgG, evoked potentials test. <input type="checkbox"/> Evaluation of the neurologist with study. <input type="checkbox"/> The neurologist treatment plan.
<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Factor VIII and IX altered evidence <input type="checkbox"/> The hematologist treatment plan
<input type="checkbox"/> Scleroderma	<input type="checkbox"/> Biopsy of skin, lung and heart function tests, autoimmune antibody test <input type="checkbox"/> The rheumatologist treatment plan
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> The sweat test, x-ray of chest, pulmonary function, pancreatic function tests and fecal fat <input type="checkbox"/> The pulmonologist treatment plan
<input type="checkbox"/> Cancer/Neoplasms	<input type="checkbox"/> Result of pathology or specialized study <input type="checkbox"/> Treatment plan
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> X-ray, positive cultures, evidence report of bronchial lavage or biopsy of the affected place report.
<input type="checkbox"/> Leprosy	<input type="checkbox"/> Biopsy or positive cultures. <input type="checkbox"/> Certification by infectology for condition.
<input type="checkbox"/> Parkinson	<input type="checkbox"/> Evaluation of the neurologist with study.

This information is available for free in other languages. Please call our customer service number at 1-888-620-1919 Monday to Sunday, from 8:00am to 8:00pm. TTY users should call at 1-866-620-2520.

Esta información se encuentra gratis en otros idiomas. Favor comunicarse con el Departamento de Servicio al Cliente al 1-888-620-1919 de lunes a domingos de 8:00 a.m. a 8:00 p.m. Usuarios de TTY/TDD con equipo, pueden llamar al 1-866-620-2520.

Triple-S Advantage, Inc. is a health maintenance organization (HMO) and preferred provider organization (PPO) with a Medicare contract, and a contract with the Puerto Rico Government Health Plan (GHP). Enrollment in Triple-S Advantage, Inc. depends on contract renewal. Triple-S Advantage, Inc. is an independent licensee of the BlueCross BlueShield Association.