



In alliance
with



The Destiny Health insurance plan includes a Chronic Medication Benefit, which covers medication for certain Chronic Illnesses. **Only medications/treatments for those illnesses that appear on the Chronic Illness List (see Section E on the back of this page) are eligible for this benefit. The presence of a specific condition and/or completion of this Chronic Medication Benefit Registration Form is not a guarantee of coverage under the Chronic Medication Benefit and is subject to the patient's eligibility at the time services are rendered and all plan provisions, exclusions and limitations.**

In order to activate this benefit, you will need to:

1. Complete Sections A, B and C. (Incomplete information may delay implementation of this benefit)
2. Sign and Date Section D.
3. Send or fax completed form to:
 - The Destiny Health Plan
 - 1211 West 22nd Street, Suite 221
 - Oak Brook, IL 60523
 - Fax #: (630) 928-0745

If you have any questions, please call Customer Response Unit (CRU) at (866) 826-2344. You may also be eligible for participation in the FutureHealth® Care Management Program. A FutureHealth Nurse may be contacting you.

ALL FIELDS ARE MANDATORY – ONE FORM PER PATIENT

SECTION A: MEMBER INFORMATION			
Employee Name (policyholder)	Employee ID #	Employee Effective Date	Group Name and Group #
Member Name (patient)	Member ID #	Member Effective Date	Member Date of Birth

SECTION B: PHYSICIAN INFORMATION		
Physician's Name and Specialty	Physician's Address	Physician's Phone #
1.		
2.		
If you have more physicians, please provide the above information on a separate piece of paper.		

SECTION C: CHRONIC ILLNESS INFORMATION						
Condition(s): Indicate Diagnosis from the Chronic Illness List (See Section E)	Date or Year Diagnosed	Treating Physician (# from above)	Prescribed Medication:	Current Medications		
				Dosage	Frequency	Route
1.						
2.						
3.						
4.						

SECTION D: CONSENT TO RELEASE MEDICAL INFORMATION	
I consent to the release of my medical information to Destiny Health Insurance Company or its representatives. A photocopy of this consent shall be considered as effective and valid as the original. This consent shall be considered valid for one year from the date signed.	
Member Signature	Date
Parent/Legal Guardian Signature (if the member does not have the legal capacity to sign)	Date

SECTION E: CHRONIC ILLNESS LIST

Cardiovascular

Angina
Atherosclerosis
Cardiomyopathy
Conductive Disorders
Dysrhythmias
Heart Failure
Hypercholesterolemia
Hypertension
Ischemic Heart Disease
Peripheral Vascular Disease
Valvular Heart Disease

Gastrointestinal

Achalasia
Alpha-1 Antitrypsin Deficiency
Barrett's Esophagus
Chronic Pancreatitis
Cirrhosis
Crohn's Disease
Cystic Fibrosis
Inflammatory Bowel Disease
Portal Hypertension
Rumination
Short Bowel Syndrome
Ulcerative Colitis
Zollinger-Ellison Syndrome

Neurologic

Alzheimer's Disease
Amyotrophic Lateral Sclerosis (ALS; Lou Gehrig's Disease)
Cerebral Atherosclerosis
Cerebral Palsy
Cerebrovascular Disease
Epilepsy
Idiopathic Hypersomnia
Multiple Sclerosis
Myasthenia Gravis
Narcolepsy
Neuropathy
Other Lower Motor Neuron Diseases
Parkinson's Disease
Pseudotumor Cerebi
Tourette's Syndrome
Transient Cerebral Ischemia

Pulmonary

Alpha-1 Antitrypsin Deficiency
Asthma
Bronchiectasis
Chronic Obstructive Pulmonary Disease (COPD)
Cystic Fibrosis
Emphysema
Interstitial Lung Disease
Pulmonary Embolism
Pulmonary Hypertension
Sarcoidosis

Dermatologic

Bullous Dermatoses
Cutaneous Lupus Erythematosus
Psoriasis
Urticaria Pigmentosa

Hematologic

Chemotherapy-induced Anemias
Cyclical Neutropenia
Hemophilia
Hypercoagulation Syndrome
Pernicious Anemia
Thrombocytosis
Von Willebrand Disease

Ophthalmic

Glaucoma
Keratoconjunctivitis Sicca
Uveitis

Renal/Genitourinary

Benign Prostatic Hyperplasia (BPH)
Chronic Prostatitis
Chronic Interstitial Cystitis
Chronic Renal Failure
Diabetic Nephropathy
Glomerulonephritis
Lupus Nephropathy
Nephrolithiasis
Nephrotic Syndrome
Neurogenic Bladder
Renal Artery Stenosis
Renal Tubular Acidosis
Urinary Incontinence

Endocrine

Acromegaly
Addison's Disease
Cushing's Disease
Diabetes Insipidus
Diabetes Mellitus
Hashimoto's Thyroiditis
Hyperpituitarism
Hyperthyroidism
Hypogonadism
Hypoparathyroidism
Hypopituitarism
Hypothyroidism

Infectious Disease

Chronic Hepatitis
HIV
Sarcoidosis
Tuberculosis

Neoplasms
Chemotherapy-induced Neutropenia
Chemotherapy – induced Anemias
Chemotherapy – induced Nausea & Vomiting
Neoplasms with Oral Drug Therapy
Radiation-induced Anemias
Radiation-induced Nausea

Psychiatric

Attention Deficit Disorder* (ADD)
Bipolar Mood Disorder*
Childhood Psychoses*
Chronic Panic Disorder*
Dementia*
Eating Disorders*
Major Depressive Disorder*
Obsessive-Compulsive Disorder* (OCD)
Psychoses*
Schizophrenia*

Rheumatologic

Ankylosing Spondylitis
Fibromyalgia
Gout
Osteoarthritis
Osteoporosis
Polymyalgia Rheumatica
Pseudo-gout- Chondrocalcinosis
Mixed Connective Tissue Disorder
Psoriatic Arthritis
Rheumatoid Arthritis
Scleroderma
Sjogren's Disease
Systemic Lupus Erythematosus (SLE)
Vasculitis