



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:

Destiny Health Insurance Company	Confidential Fax# 630-928-0745
Attn: Health Services Department	
1211 West 22nd Street, Suite 221	
Oak Brook, IL 60523	

If you have any questions, please call Destiny HealthConnect™ at (888) 999-4958. 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
Hypercholestermia
Hypertension
Ischemic Heart Disease
Peripheral Vascular Disease
Valvular Heart Disease

Gastrointestinal

Achalasia
Barrett's Esophagus
Chronic Pancreatitis
Cirrhosis
Crohn's Disease
Cystic Fibrosis
Inflammatory Bowel Disease
Portal Hypertension
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
Multiple Sclerosis
Myasthenia Gravis
Narcolepsy
Neuropathy
Parkinson's Disease
Pseudotumor Cerebi
Tourette's Syndrome
Transient Cerebral
Ischemia

Pulmonary

Asthma
Bronchiectasis
Chronic Obstructive
Pulmonary Disease
(COPD)
Cystic Fibrosis
Emphysema
Interstitial Lung Disease
Pulmonary Embolism
Pulmonary Hypertension
Sarcoidosis

Dermatologic

Bullous Dermatoses
Chronic Skin Ulcers
Cutaneous Lupus
Erythematoses
Psoriasis

Hematologic

Chemotherapy-induced
Anemias
Hemophilia
Hypercoagulation Syndrome
Pernicious Anemia
Thrombocytosis

Ophthalmic

Glaucoma
Keratoconjunctivitis Sicca
Uveitis

Renal/Genitourinary

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

Other

Anaphylaxis

Endocrine

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

Infectious Disease

Chronic Hepatitis
HIV
Sarcoidosis
Tuberculosis

Neoplasms

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

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 Spondilitis
Fibromyalgia
Gout
Osteoarthritis
Osteoporosis
Polymyalgia Rheumatica
Pseudo-gout-
Chondrocalcinosis
Psoriatic Arthritis
Rheumatoid Arthritis
Scleroderma
Sjogren's Disease
Systemic Lupus
Erythematosis (SLE)
Vasculitis