



Request for Administrative Member Status

Physician Verification of Diagnosis/Plan of Treatment

Member's Name: _____ Alliance ID#: _____

Date of Birth: _____ SSN: _____

Diagnosis: _____ Date of Last Visit: _____

Plan of Treatment:

Please attach medical record documentation.

Physician's Signature: _____

Printed Name _____ Date: _____

Mailing Address:



Mail or fax this form to:

**Central California Alliance for Health
Attn: Case Management
1600 Green Hills Road, Suite 101
Scotts Valley, CA 95066**

Fax: (831) 430-5850



Medical Verification

Patient's Name: _____ SSN/ID #: _____

I. I have examined the above named patient and diagnosed his/her condition as Human Immunodeficiency Virus (HIV).
Yes No

II. This diagnosis has been confirmed by clinical findings and reliable, currently accepted tests.

Yes No DATE OF DIAGNOSIS: _____

- | | | |
|--|----------|----------|
| A. Skin Testing-Anergic | Yes | No |
| B. T-Cell Ratio Abnormal (Value _____) | Yes | No |
| C. HIV Antibody Present | Yes | No |
| D. HIV Culture | Positive | Negative |
| E. Lymphocyte subpopulation study shows immune system deficiency | Yes | No |
| F. Enzyme linked immunosorbent assay: Reactive | Yes | No |

III. In addition, the above-named patient suffers from the following condition:

1. Cryptosporidiosis, Intestinal, causing diarrhea for over one month
2. Pneumocystis carinii pneumonia (on histology, or microscopy of a "touch" preparation, bronchial washings, or sputum)
3. Strongyloidosis, causing:
 - (a) Pneumonia
 - (b) Central nervous system infection
 - (c) Disseminated infection (beyond the gastrointestinal tract)
4. Toxoplasmosis, of the brain
5. Candidiasis, causing esophagitis
6. Extra pulmonary cryptococcosis
7. Mycobacterium avium intracellulare, other mycobacterial species other than bovis, tuberculosis, or lepra, causing disseminated infection (or culture)
8. Cytomegalovirus, causing infection in internal organs other than liver, spleen or lymph node (on histology)
9. Herpes simplex virus, causing:
 - (a) Chronic mucocutaneous infection with ulcers persisting more than one month, or
 - (b) Persistent esophagitis, pneumonitis or bronchitis
10. Progressive multifocal leukoencephalopathy
11. Kaposi's sarcoma
12. Lymphoma of the brain (primary) in a person under 60 years of age
13. Disseminated histoplasmosis (not confined to lungs or lymph nodes)
14. Isosporiasis, causing chronic diarrhea (over one month)
15. Bronchial or pulmonary candidiasis, diagnosed by microscopy or by presence of characteristic white plaque grossly on the bronchial mucosa (not by culture alone)
16. Non-Hodgkin's lymphoma of high-grade pathologic type (diffuse, undifferentiated) and of B-cell or unknown unologic phenotype, diagnosed by biopsy
17. A histologically confirmed diagnosis of chronic lymphoid interstitial pneumonitis or pulmonary lymphoid hyperplasia in child (under 13 years of age)
18. Bacterial infections (multiple or recurrent) of the following types in a child under 13 years of age caused by Haemophilus Streptococcus (including pneumococcus) or other pyogenic bacteria:

Pneumonia	Septicemia
Meningitis	Bone or joint infection
Abscess of an internal organ or body cavity	
19. Coccidioidomycosis (disseminated)
20. HIV encephalopathy (HIV dementia)
21. HIV wasting syndrome (involuntary weight loss of more than 10 percent of baseline body weight) caused by:

Chronic diarrhea	Chronic Weakness and documented fever
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I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Physician's Signature: _____ Date: _____

This information is confidential and will not be released without the written consent of the patient.