



Date

Attn:

Re: SSBCI Verification Form

Your assistance is needed. Please complete and return the Special Supplemental Benefits for the Chronically Ill (SSBCI) Verification Form. Qualifying chronic conditions enable plan members to receive a monthly credit for purchasing healthy food and paying for utilities through the SSBCI program. Validation is a crucial step to ensure access to these benefits.

Condition verification is required within 60 days of the member's enrollment in the program. Please complete and return the attached form at your earliest convenience.

You can also validate your patient conditions electronically through the UnitedHealthcare Provider Portal and following instructions through your TrackIt alerts.

How to sign in to the UnitedHealthcare Provider Portal

- From any page on **UHCprovider.com**, select Sign In
 - Enter your One Healthcare ID
 - Users who don't have a One Healthcare ID: Visit **UHCprovider.com/access** to get started

Please note that this communication is intended solely for the use of the recipient(s) and may contain confidential and/or protected health information. Under Federal Law (HIPAA), the intended recipient is obligated to keep this information secure and confidential. Any unauthorized disclosure to third parties is prohibited and punishable under Federal Law. If you are not the intended recipient, please contact the sender by replying via fax and destroy all copies of the original message.

Thank you for your prompt attention to this matter.

The UnitedHealthcare Team