

Medicare Intake Form

Do Before the Meeting:

- Create an account at www.ssa.gov
- Create an account at www.medicare.gov

Personal & Demographic Information

Full Name: _____

Date of Birth: _____

ZIP Code: _____

Marital Status: _____

Receiving Social Security or Railroad Retirement benefits? ☐ Yes ☐ No ☐ Unsure

Current Coverage & Enrollment

Enrolled in Medicare Part A and/or Part B? ☐ Yes ☐ No ☐ Unsure

Employer or retiree health coverage? ☐ Yes ☐ No ☐ Unsure

Enrolled in Medicare Advantage? ☐ Yes ☐ No ☐ Unsure

Enrolled in Medigap (Medicare Supplement)? ☐ Yes ☐ No ☐ Unsure

Stand-alone Part D plan? ☐ Yes ☐ No ☐ Unsure

TRICARE, VA, or federal benefits? ☐ Yes ☐ No ☐ Unsure

Prescription Drug Needs

List regular prescriptions (name, dosage, frequency):

Preferred Pharmacy: _____

Mail-order pharmacies acceptable? ☐ Yes ☐ No ☐ Unsure

Require brand-name medications? ☐ Yes ☐ No ☐ Sometimes

Doctors & Providers

Primary Care Physician: _____

Specialists:

(Add page for additional specialists)

Want to keep current doctors? ☐ Yes ☐ No ☐ Unsure

Hospital/Medical Group Affiliations: _____

Travel or live in multiple states? ☐ Yes ☐ No ☐ Unsure

Health Status & Usage

Overall Health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Chronic Conditions (e.g., diabetes, COPD):

Doctor visits per year: _____

Use of physical therapy, DME, or home health? ☐ Yes ☐ No ☐ Unsure

Budget & Financial Assistance

Monthly Income: _____

Current Monthly Healthcare Spending: _____

Eligible for Medicaid or Medicare Savings Program? ☐ Yes ☐ No ☐ Unsure

Eligible for Extra Help with prescriptions? ☐ Yes ☐ No ☐ Unsure

Preferences & Priorities

Prefer low premium with higher cost-sharing? ☐ Yes ☐ No ☐ Unsure

Need dental, vision, or hearing coverage? ☐ Yes ☐ No ☐ Unsure

Prefer PPO or HMO? ☐ PPO ☐ HMO ☐ Unsure

Comfortable with prior authorizations/step therapy? ☐ Yes ☐ No ☐ Unsure

Administrative & Enrollment Details

Medicare eligibility date: _____

Recent loss of coverage or qualifying event? ☐ Yes ☐ No ☐ Unsure

Need help with Medicare election period? ☐ Yes ☐ No ☐ Unsure

Reviewed your Annual Notice of Change (ANOC)? ☐ Yes ☐ No ☐ Unsure

Have the following information with you when we meet:

- Social Security number (for enrollment only, Francis will not retain.)
- Where you were born (city, state, country)
- Start and end dates for any current group health plans
- Start and end dates for any group health plans after age 65
- Valid email address
- Your existing Medicare number (If you have one.)