Trustworthy FINANCIAL

MEDICARE FACT FINDER SHEET

Medicare Center: Y/N

Agent Name: _____

Name:_____ **Date:** _____

Address:_____

City _____ **State** _____ **ZIP**_____ **County** _____

Phone:_____ **E-mail**_____

Date of Birth _____ **SS#**_____

Medicare#_____ **Medicaid #**_____

Eligibility Dates for: Part A_____ **Part B**_____

How Did You Hear About Us? ***Sign/Ad/Walk-in/Otr***

Referred By: _____

Do you have ready?

MEDICARE CARD Y/N

MEDICAID CARD Y/N

POWER OF ATTORNEY Y/N

MEDICATION LIST Y/N

OTHER ATTENDEE Y/N

Eligibility:

Annual Election Period ___

Turning 65/Aging In ___

SEP Move/Dual/Loss Cvg

NAME: _____

RELATIONSHIP_____

Are you just aging into Medicare? If so, what do you have now and when will it end?

Circle which type: **Individual/Family Plan** **or** **Commercial Group Plan**

Carrier _____ **Premium: $**_____ **Term Date:** _____

Or if you already have Medicare, which type of plan do you currently have?

Medicare Adv Y/N	**Carrier**_____
Med-Sup Y/N	**Carrier**_____ **Plan**_____
Med-Sup Premium	**$**_____
Part D Y/N	**Carrier**_____
Part D Premium	**$**_____

What other Benefits do you currently have?

Dental	**Y/N**	
Vision	**Y/N**	
Veterans Benefits	**Y/N**	**VA or TRICARE**
Retire Benefits	**Y/N**	**Includes Spouse?**
Long-Term Care	**Y/N**	**Compound ___% YRS ___ Premium $ _____**
Home Healthcare	**Y/N**	**Compound ___% YRS ___ Premium $ _____**
Disability	**Y/N**	**Long or Short Premium$ _____**
Life Insurance	**Y/N**	**Term or Whole Life? Cash Build-up? Riders?**
		Premium $ _____

What medications do you take?

Drug Name	***Dosage***	***Frequency***
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		

Medicare.gov User Name: _____ **Password:**_____

Favorite Pharmacy: _____ **Alternate Pharmacy:**_____

Who are your doctors?

Name **Type** **City or Phone**

_____

_____ _____

_____ _____

_____

_____ _____

_____

Would you be willing to change your providers? **Mark which ones with a "?"**

What hospital system do you prefer or which is closest to you?

Name **Address** **Phone**

_____

_____

Are there any additional concerns that we should address?

_____

_____

Do you travel? **In Texas?** **In the US?** **Internationally?**

Do you qualify for extra help?

Is your monthly income less than $1500 as an individual or $2000 as a couple?

Y/N $_____

Is your annual income above $85,000 as an individual or $170,000 as a couple? Y/N

$_____

Do you think you might have a late enrollment penalty or IRMAA? Y/N