

# Medicare Needs Analysis

<b>Date</b>	<b>Name</b>	<b>Date of Birth</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Zip Code on record with Social Security (If different from above)**

<b>Primary Phone</b>	<b>Email Address</b>
<input type="text"/>	<input type="text"/>

Do you receive medicaid or extra help (lis) with prescription costs?  Yes  No

Medicare Effective Dates: **Part A**  **Part B**

Do you have a Medicare Advantage Plan or Supplement Plan?  Yes  No

<b>If yes, what is the name of the plan?</b>	<b>Effective Date</b>
<input type="text"/>	<input type="text"/>

Do you have VA benefits?  Yes  No

Prescription Drugs	Dosage	Frequency
1.		times per
2.		times per
3.		times per
4.		times per
5.		times per
6.		times per
7.		times per
8.		times per

	Doctor Name	Name of Practice	Practice Address
Primary	<input type="text"/>	<input type="text"/>	<input type="text"/>
Specialist	<input type="text"/>	<input type="text"/>	<input type="text"/>
Specialist	<input type="text"/>	<input type="text"/>	<input type="text"/>
Specialist	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Preferred Pharmacy</b>	<b>City</b>
<input type="text"/>	<input type="text"/>

## Medicare Needs Analysis (Optional)

Are you in good health or do you have chronic conditions like Diabetes or CHF?

Do you have ESRD? (End Stage Renal Disease)

Yes  No

How would you feel about seeing a new doctor or doctors?

How much do you travel and where?

Do you travel internationally?

Yes  No

Do you reside in more than one state or country?

Yes  No

If yes, where? \_\_\_\_\_

Are you eligible for any health care coverage besides medicare?

Yes  No

If yes, will you keep that coverage when you retire?

Yes  No

Approximately how much did you spend on health care last year? \_\_\_\_\_

Do you expect similar costs this year or this upcoming year? \_\_\_\_\_

Last Year		This Year or Upcoming Year	
Insurance Premiums	Out-of-Pocket Costs	Insurance Premiums	Out-of-Pocket Costs
\$	\$	\$	\$

What benefits are most important to you in a plan?  
(Hospital, Doctor Copays, Dental, Durable Medical Equipment, Etc.)

What do you like best about your current coverage?

What would you like to improve in a potential new plan?

Do you have any other concerns?