

Medicare Review

Date:
Time:

Source:
Priority:

Agent:



| | | | | | | | |
|---------|------|-------|--------|-------|-------|---------|-------------|
| Client: | DOB | Age | Gender | Ht. | Wt. | Tobacco | Non Tobacco |
| Spouse: | DOB | Age | Gender | Ht. | Wt. | Tobacco | Non Tobacco |
| Address | City | State | Zip | Phone | Email | | |

Let's Get Started

Do you have a PEN and PAPER handy? Are you a Veteran? Do you have Medicare Now? Red/White/Blue Card? Part A? Part B?
How Long? Medicare ID# Effective Dates:

Let's determine if you qualify for financial assistance

Are you on Medicaid? ID# Have you used your benefits? Are you taking advantage of your annual Wellness Visits?

Special Life Events

Are you getting ready to move? Dual? LIS?

Chronic conditions? Cancer Heart Stroke Bone Lung Diabetes Eyes Kidney Mental Mobility Pending Surgeries

Are you happy with your current Medicare Plan?

What do you like about it?

What do you dislike about it?

Have you been in the Hospital this year?

When was the last time you had an Agent do a policy review?

Are you still working or are you retired?

Are out-of-pocket expenses a concern, such as \$4900/ \$6700?

Do you know how your Maximum-out-of-pocket works?

Would you be interested in eliminating any out-of-pocket costs for pennies on the dollar?

Do you have a written will?

Have you prepared for your final expenses, and how you will pay for it?

Are you planning on a traditional burial or cremation?

Medigap

| | | | | | | | |
|--|-------|---------------------------------|--------------|-----------------|----------------|--------|---------|
| Medicare Supplement | Plan: | Effective Date | Premium Now? | Past Increases? | This Year Yet? | Claims | Service |
| Have you considered Plan G/N? | HHD? | Does your plan cover Home Care? | LTC? | Dental? | | | |
| Does your doctor accept Medicare assignment? | PCP? | Specialists? | | | | | |

Prescription Drug Coverage

| Prescription Drug | Stand Alone? | Ded | Prem | #Drugs | Medicare Drug ID | Date |
|-------------------|--------------|-------|------|--------|------------------|------|
| Pharmacy | Location | Phone | | | | |
| Med | Dose | Freq | Form | Tier | Copay | |
| Med | Dose | Freq | Form | Tier | Copay | |
| Med | Dose | Freq | Form | Tier | Copay | |
| Med | Dose | Freq | Form | Tier | Copay | |
| Med | Dose | Freq | Form | Tier | Copay | |

Medicare Advantage

| | | | | | | | | |
|---------------------|------------|------------|--------|-----------|---------|----------|-------------|-----|
| Medicare Advantage | Start Date | Premium | MOOP | PPO | HMO | SNP Dual | SNP Chronic | LIS |
| Income | Assets | Savings>3% | | | | | | |
| Hospital Indemnity | Accident | Dental | Cancer | Home Care | FE Life | Will/LW | PoAH | |
| Hospital Preference | Last Visit | Reason | | | | | | |

Physicians

| | | | | | |
|------------------------|---------|----------------|------|----|-----|
| Primary Care Physician | Phone | Address | City | ST | Zip |
| Visits per Year | Network | Physician ID# | | | |
| Specialty Physician | Phone | Address | City | ST | Zip |
| Visits per Year | Network | Physician ID # | | | |
| Specialty Physician | Phone | Address | City | ST | Zip |
| Visits per Year | Network | Physician ID# | | | |

Medicare Review - Recommendations

Agent:

Phone:

Date: Name: Age: Gender: Tobacco: Zip Code:

Medicare Supplement

Male

Female

Carrier Plan: F G N

Carrier Plan: F G N

Hospital Indemnity

Hospital – Day 1 Any Hospital
 Hospital – Addl Days No Waiting Period
 Benefit Period Pays for Observation Days
 Monthly Premium Pays Cash Directly to You
 Restores/180 Days/No Lifetime
 No Physical Exam Required

Home Health Care

0 Day Elimination No Waiting – No Network
 \$300, \$450, \$650/week No Coordination with Medicare
 26 Week Benefit Per Pays Cash Weekly Direct to You
 Monthly Premium Restores/180 Days/No Lifetime
 Guaranteed Renewable for Life
 No Physical Exam Required

Accident Coverage

Annual Benefit No Waiting – Use Any Doctor
 Daily Benefit Period \$2,500 to \$25,000
 Benefit Period Pays Cash Directly to You
 Monthly Premium Restores/180 Days/No Lifetime
 Guaranteed Renewable for Life
 No Physical Exam Required

Dental-Vision-Hearing

Annual Benefit Choose Any Dentist
 Annual Deductible Up to \$2,500 per Year
 Monthly Premium No Deductible
 Issue Ages 18 to 84
 3Mo / Prevent-12 Mo / Major
 Pays 90% after 4 Years

Cancer – 1st Diagnosis

\$5,000 Lump Sum No Waiting Period
 \$10,000 Lump Sum Pays Lump Sum on 1st Diagnosis
 \$20,000 Lump Sum Pays Cash Directly to You
 Restores
 No Physical Exam Required

End of Life Planning

Death Benefit Level DB ate 45 to 85 - \$40,000
 Immediate – Graded – Modified Builds Cash Value
 Monthly Premium Grade DB 45-80 \$20k ROP 2 yrs
 Immediate Death Benefit
 Benefits Never Decrease
 Rates Never Increase
 Non Funeral Expenses OK
 Unpaid Medical/Household Bills