

Medicare Information Sheet

Name: _____

Date of Birth: _____ Veteran: ____ Tobacco: ____ HSA Contribution: ____

Address: _____

Home Phone: _____ E-mail: _____

Cell Phone: _____ Ok to text: ____ County: _____

Medicare ID #: _____

Medicare Part A Effective Date: _____ Medicare Part B Effective Date: _____

Current Insurance Company/Plan/Premium: _____

Likes/Dislikes with current plan: _____

Do you have any specific needs like Hearing Aids or Dentures: _____

Do you need financial assistance paying for your Premium or Prescription Drugs: _____

Are you currently receiving Medicaid: ____ Medicaid ID # _____

Is your annual income below \$20,124 if single or \$27,216 if married? _____

Is your annual income above \$97,000 if single or \$194,000 if married? _____

Primary Care Physician: _____

Specialists/Chiropractor/Podiatrist/Other Doctors (please list all doctors):

Preferred Hospital: _____

Do you travel frequently: _____

Please check if interested: Dental ____ Vision ____ Life Insurance ____ Hospital Indemnity ____ Cancer ____

Eye Doctor: _____

Dentist: _____

Preferred Pharmacy (Name & Location): _____

Please list all prescriptions (Please Include the drug name, dosage and quantity taken).
(Please print clearly). You can also ask your doctor or pharmacist to fax or email it to me.

Rx Name _____	Dosage _____	How Often _____
Rx Name _____	Dosage _____	How Often _____
Rx Name _____	Dosage _____	How Often _____
Rx Name _____	Dosage _____	How Often _____
Rx Name _____	Dosage _____	How Often _____
Rx Name _____	Dosage _____	How Often _____
Rx Name _____	Dosage _____	How Often _____
Rx Name _____	Dosage _____	How Often _____
Rx Name _____	Dosage _____	How Often _____
Rx Name _____	Dosage _____	How Often _____
Rx Name _____	Dosage _____	How Often _____

Are you on Oxygen, Breathing Machine, Diabetes Testing Supplies, etc: _____

Additional Notes & Comments: _____

I have voluntarily provided the health information on this sheet to McGinley Insurance Agency, Inc. to aid in the choice of an individual/group plan. I authorize McGinley Insurance Agency, Inc. to contact me via phone, email, text or mail.

Applicant's Signature _____ Date _____

McGinley Insurance Agency, Inc.
PO Box 482 Nashville, IN 47448
Call/Text: (812) 758-7355
Fax: (812) 304-4965
Email: christy@mcginleyinsurance.com
www.mcginleyinsurance.com

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area.
Please contact Medicare.gov or 1-800-Medicare to get information on all of your options.