



# LAW OFFICES OF ALBERT GOODWIN

ELDER LAW • ESTATE PLANNING • SPECIAL NEEDS PLANNING

## MEDICARE QUESTIONNAIRE

(SINGLE or MARRIED, EACH SPOUSE TO COMPLETE A SEPARATE FORM)

This form is extremely important. Your accuracy and completeness in responding will help me represent you. Bring this form and requested documents with you to our appointment!

Date: \_\_\_\_\_ File No.: \_\_\_\_\_

### **A. CLIENT DATA**

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address where claimant resides: \_\_\_\_\_

Do you have employer sponsored drug coverage?       Yes       No

**If yes, please be sure to provide a copy of your insurance card.**

Are you a Veteran?       Yes       No

Are you enrolled in Tricare?       Yes       No

If you are/were married, was your spouse a Veteran?       Yes       No

Are you enrolled in PACE/PACE NET?       Yes       No

**If no, please provide a copy of your last year's income tax return.**

### **B. MEDICARE INFORMATION (from your Medicare card):**

Effective Date of Enrollment: Part A (Hospital): \_\_\_\_\_

Effective Date of Enrollment: Part B (Medical): \_\_\_\_\_

**Please bring your Medicare card, all insurance cards, and all prescription cards to your appointment!**

**C. YOUR PREFERRED PHARMACY:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Location: \_\_\_\_\_

**D. YOUR MEDICATIONS:**

In order to gather this information, you may choose to visit your pharmacy and ask for a print-out of your current prescriptions. Otherwise, you should fill out the chart completely with all your current prescriptions!

NAME OF DRUG (Generic or Drug Name)	DOSAGE (Ex. 10mg)	QUANTITY/Month (Ex. 1 per day = 30)	FREQUENCY OF PRESCRIPTION
			<input type="radio"/> Monthly <input type="radio"/> Bi-Monthly
			<input type="radio"/> Monthly <input type="radio"/> Bi-Monthly
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RESET FIELDS                      SAVE                      SEND VIA EMAIL                      PRINT