

Jeffrey Kuhn, CFP®
 Medicare Specialist
 (585) 283-2553
 TheMedicareShop@gmail.com



Barb McLaughlin
 Client Relations Specialist/Appointments
 (585) 298-9580
 MedicareShop.barb@gmail.com

Today's Date: _____

Name: _____

Home Phone: _____

Preferred



Address: _____
 Street Address & Apt or Lot

Cell Phone: _____



Address: _____
 City, State, Zip

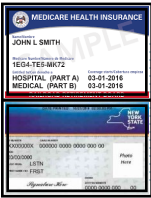
EMAIL: _____

Birth Date: _____

Caregiver's information if assisting with your health costs planning: _____

Name: _____ Relationship _____

Phone: _____



MEDICARE Number: _____

PART A Effective Date _____

PART B Effective Date _____

MEDICAID Number: _____

Do you have EXTRA HELP Subsidy YES NO

List your doctors, their addresses and your approximate number of visits each year

Primary Care	Address	Visits Per Year
Specialist	Address	Visits Per Year
Specialist	Address	Visits Per Year
Specialist	Address	Visits Per Year
Specialist	Address	Visits Per Year

PREScription MEDICATION NAME (Do not list supplements or over-the-counter medications)	DOSAGE Mg / Units (EX: 250 mg)	FREQUENCY (EX: one daily / 3 x's a day)	How many doses in a full prescription

PHARMACY NAME: _____ PHARMACY ADDRESS: _____

Current Health Insurance: _____ Monthly Premium: \$ _____

Co-Pay Per Office Visit: PRIMARY CARE \$ _____ SPECIALIST \$ _____

- Return your completed Worksheet by one of the methods listed below:
- ◆ FAX: 585-348-9057
 - ◆ SCAN and EMAIL to your Medicare Specialist or Client Relations Specialist
 - ◆ If meeting in-person with your Medicare Specialist, bring this form to appointment.

Your information is used ONLY for determining the best match for your health insurance / prescription plans.