2023 Medicare Annual Intake Form

Form must be returned before your appointment **Appointment Date:**_______________ **Time:**_____

Primary Applicant's Legal Name ____ Birthdate___________________ Age________

Address____ email________________________________

City____ Zip________________ phone_______________________

☐ **Mailing address is same as my residence** Medicare # __________________________

Mailing address ____ Medicare "Part A" effective date_________

City________________________________ ZIP_______________ Medicare "Part B" effective date_________

Your Current Medical Plans (check the cards in your wallet)

Part B Supplement Company__________________________ Plan Name________________ Premium_$________________

Part D Rx Company__________________________ Plan Name________________ Premium_$________________

Preferred Pharmacy__________________ Primary Care Dr.____________________________________

List Prescriptions you currently use on the back of this page ==► ==► ==► ==►

For Office Use Only

Medical Plans Elected

Supplement Plan________________________ Type______________ Premium_________________

Effective Date___________________________ Payment Method ☐ Bill ☐ S.S. ☐ EFT

Prescription Plan________________________ Type______________ Premium_________________

Effective Date___________________________ Payment Method ☐ Bill ☐ S.S. ☐ EFT

Consultation Notes:

Date Received___________

Entered in SMS__________

Entered in BP__________

Scanned________________

Client Source: MAM EH1 CST PHH PFH

DCD Insurance Services 1123 Soquel Ave. Santa Cruz, CA 95062 office:(831) 423-8542, fax: (831) 423-5714

Agents: Pamela Fugitt-Hetrick Journey Bailie

List Prescriptions you currently use

Use the Exact Name as printed on the Prescription label

Tab/Capsule/Cream/etc mg/ ml/ etc.

Rx Name________________________________ Form ______________ Dose_________ Times per day______

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Rx Name________________________________ Form ______________ Dose_________ Times per day______

Are Generic Rx ok? ☐ YES ☐ NO

Comments and Questions for my Agent:

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