

# MEDICARE INFORMATION FORM

Elite Insurance Associates – Email: [ClientServices@eiafl.com](mailto:ClientServices@eiafl.com)

Preferred Agent (Optional): \_\_\_\_\_

Medicare ID #: \_\_\_\_\_

Part A Effective Date: \_\_\_\_\_

Part B Effective Date: \_\_\_\_\_

## APPLICANTS GENERAL INFORMATION

First Name: _____	MI: _____	Last Name: _____		
Social Security #: _____ <small>*Not required for a quote*</small>	Age: _____	DOB: _____	Gender: _____	
Home Address: _____	City: _____	County: _____	State: _____	Zip: _____
Phone Numbers: Primary: _____	Secondary: _____			
E-mail Address: _____	Tobacco Usage: <input type="checkbox"/> YES <input type="checkbox"/> NO			
What coverage do you currently have in place? _____	Do you currently receive Social Security? <input type="checkbox"/> YES <input type="checkbox"/> NO			
When does this coverage end? _____	Do you currently receive Medicaid Benefits or Low-Income Subsidy Assistance? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**IF YOU ARE INTERESTED IN DETERMINING IF YOUR PHARMACY, PRESCRIPTION DRUGS, DOCTORS, AND SPECIALISTS ARE COVERED, PLEASE LIST THEM BELOW:** *\*Please include doctors and specialists on the next page\**

Pharmacy: \_\_\_\_\_

Medications Name: \_\_\_\_\_  
Dose: \_\_\_\_\_  
How Often Taken: \_\_\_\_\_  
 Tablet  Capsule  Other: \_\_\_\_\_

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Elite Insurance Associates

1710 Shadowood Lane Unit 240, Jacksonville, FL 32207

904-527-1304 | www.eiafl.com



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### Client Information:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

*\*A physician is not necessary if you are scheduled for an RX review or currently have a Medicare Supplement Plan. \**

Primary Care Physician:

Preferred Hospital:

Specialist:

Specialist:

Specialist:

Specialist:

Specialist:

Specialist:

*A separate scope of appointment/ permission to contact form has been provided and must be signed and returned to our office or your agent with this form. These forms will be retained for 10 years, per CMS Medicare guidelines.*

**The client does not need to fill out the grid below. We will review this during your appointment.**

Plan Name	Premium	Publix	CVS	Walgreens	Walmart	Mail Order

**For Medicare Clients per CMS guidelines effective October 1st, 2022: "We may not offer every plan available in your area. Currently, we represent 10 Medicare Organizations that offer over 44 different plan options in your area. Please contact Medicare.gov or 1-800-MEDICARE or your local State Health Insurance Program (SHIP) to get information on all your options."**



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