

**MEDICARE INFORMATION FORM**  
*Elite Insurance Associates – Email: [Clesta@eiafl.com](mailto:Clesta@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 Medicaid Benefits or Low-Income Subsidy Assistance? <input type="checkbox"/> YES <input type="checkbox"/> NO		
When does this coverage end? _____				

**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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\*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.”**



Elite Insurance Associates

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