

Medicare Information Gathering

Decisions made as you transition to Medicare are important and impact your health coverage and financial well-being. Medicare is complex and we want you to make informed decisions. **There is no cost for our services. Completion of this worksheet prepares you for a benefit review.**

Completed for: _____ Date: _____

Current health insurance: _____

Current Monthly Premium: _____

Do you travel outside the state? Yes No

Are you currently enrolled in Medicare? Yes No

List of your current Provider(s):

Provider Type	Name	Address
Primary Care		
Specialist		
Pharmacy		
Hospital		
Dentist		

