Steve Shorr Insurance

National Contracting Center

Email Completed Form to Steve@SteveShorr.com

Medicare Needs Assessment
Medicare/MA/PDP/Medicaid

CLIENT INFORMATION

Name: _____ Birth Date:_____

Spouse: _____ Birth Date:_____

SSN: _____ Email:_____

Address: _____

Phone: _____ Lead/Referral Source: _____

CURRENT COVERAGE

Client

☐ None ☐ Medicare Only

☐ Medicaid ☐ Group

☐ Med Supp ☐ MA ☐MAPD

Other: _____

Company Name: _____

Provider: _____

Plan: _____ Premium: _____

Additional Group Benefits?

☐ Dental ☐ Vision ☐ Life

Drug Coverage? ☐ Yes ☐ No

Provider: _____

LIS%: _____

LTC/STC: ☐ Yes ☐ No

Notes: _____

Cancer Policy: ☐ Yes ☐ No

Notes: _____

Spouse (if applicable)

☐ None ☐ Medicare Only

☐ Medicaid ☐ Group

☐ Med Supp ☐ MA ☐MAPD

Other: _____

Company Name: _____

Provider: _____

Plan: _____ Premium: _____

Additional Group Benefits?

☐ Dental ☐ Vision ☐ Life

Drug Coverage? ☐ Yes ☐ No

Provider: _____

LIS%: _____

LTC/STC: ☐ Yes ☐ No

Notes: _____

Cancer Policy: ☐ Yes ☐ No

Notes: _____

Confidential Needs Assessment
Medicare/MA/PDP/Medicaid

COST CONSIDERATIONS

PCP/SPECS: PCP: _____ (IN/OON) PCP ID#: _____

(IN/OON) _____ (IN/OON) _____

DME: (IN/OON) _____ HHC:(IN/OON) _____

PHARMACY/MEDICATIONS: PHARMACY: _____

Drug List ID: _____ Password: _____

_____ _____ _____

_____ _____ _____

CLIENT NEEDS QUESTIONNAIRE

So that I can get to know you a little better, tell me about your health in the last 5 years. Please keep in mind that everything we discuss today is held in confidence.

_____

_____

If there was one thing you could change about your present coverage, what would it be and why?

_____

_____

Most people have many concerns regarding the possible need for long-term care or expenses related to critical illness. What would yours be and why?

_____

_____

OUTCOME

Product/Plan Sold: _____ E App Confirm#: _____

Premium: _____ App Date:_____ Election Period:_____ EFF Date:_____

Additional Needs: Hospital Indemnity DV&H Critical Illness LTC Home Health

Additional Notes:

_____

_____

_____