

SUITABILITY QUESTIONNAIRE

Do you have your Medicare card? _____

Do you have Parts A and B? _____

Do you Have a Medicaid Card? _____

Do you get an Extra Help towards your RX Costs? _____

Do you Have End Stage Renal Disease? _____

County of residence:

Do you travel for an extended period of time? If yes, where:

Other Health Insurance (Union, Veteran, Employer etc.)

Current Prescription Drug Coverage:

Drugs taken regularly (Generic/ Brand Name) Refer to Formulary:

Do you see a Doctor, Medical Group or Veteran's Hospital?

Any special needs?

Anything not covered under your current plan that you would like covered?

COMMENTS:
