**ORS In-Home Fact Finder**
**General Information**

Name:________________________________________ D.O.B. _________ Age:
Phone: _______________________ Email: __________________________________
Address:____________________________ City: ___________ State____ Zip_______
Type of Lead: ________________ Date: ______________

## Final Expense Agents

1. Do you currently have any life insurance plans in place to cover burial and other final expenses? ____________________
2. Are you currently married or single? ______________
3. Will your spouse, children or family member be responsible for paying or making a decision for your funeral plan? ____________________
4. Who will be in charge of your funeral arrangements (Beneficiary)? ____________________
5. Do you want a cremation or a traditional funeral? _____________________
6. Are you a military veteran? _____________________
7. Do you currently receive ss#_______ disability__________ or retirement? ____________
8. How do you pay your monthly bills? Checking______ Savings _______ CC _____

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## Medicare Agents

1. Do you currently have Medicare Part A and B? ______
2. Do you currently receive LIS (Extra Help) paying for your prescription? (If yes SEP) _____
3. Do you currently receive state Medicaid? (If yes SEP) _____ Income $_______
4. Do you currently have any Chronic issues like diabetes or heart disease? (If yes SEP) ___
5. Medicare# _______________________
   Part A Effective Date _________ Part B Effective Date ________
6. Medicaid#_____________________ SS#_________________________
7. Do you currently have any other health or prescription drug insurance plans? (If yes Name)
   Name __________________________
8. What benefits do you enjoy about your current plan? __________________________
9. Will anyone else be involved to help you make a decision? ______________________
10. Are you a Veteran _____

## Verify Eligibility

1. LIS Subsidy %: ___________
2. LIS Level: __________
3. Medicaid Level: __________

**Get SCOPE Signed and set appointment 48hrs from signed SCOPE date.**

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## Health Questions

1. Did you have any major health issues in the last five years: Heart, Lung, Cancer, Circulatory, HIV/AIDS, Etc. ______________
2. Have you been hospitalized two or more times within the past 5yrs: ____________
3. Are you a smoker or nonsmoker: ______________
4. Height: _____ft. ___in.   Weight: _____lbs.

**List all medications prescribed within the Last 5yrs regardless if you're no longer taking them. Also the reason for taking them, dosage, and milligrams.**

| | Name | Dosage | Quantity | Frequency |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

**Primary Doctors Information**

Dr Name: ________________________________ Company Name____________________ City: ___________ State: ________

**Specialist Doctors Information**

Dr Name: ________________________________ Company Name____________________ City: ___________ State: ________

Dr Name: ________________________________ Company Name____________________ City: ___________ State: ________

**Final Expense Agents:** Enter information to qualify for a plan. Then proceed to the presentation.

**Medicare Agents:** Select plan, verify Doctors and medications. Then proceed to the presentation.

## F
## Final Expense Three Quote Options

1. Face Amount: ________________ Monthly Cost: ________________
2. Face Amount: ________________ Monthly Cost: ________________
3. Face Amount: ________________ Monthly Cost: ________________

## Medicare Plan Options

1. MA plan carrier ________________ Name: ________________ Type: ________________ Monthly Premium: ________________

2. HIP Carrier ________________ Hospital Daily Coverage: ________________ Out of Pocket: ________________ Monthly Premium: ________________

3. Stand-Alone Dental Plan Carrier: ________________ Monthly Premium: _______________

4. Stand-Alone PDP Plan Carrier: ________________ Monthly Premium: ________________

**Notes**

**Referrals**

1. Name: ___________________________________ Relationship: _____________
2. Name: ___________________________________ Relationship: _____________
3. Name: ___________________________________ Relationship: _____________
4. Name: ___________________________________ Relationship: _____________
5. Name: ___________________________________ Relationship: _____________