



CLIENT INFORMATION

To assist you more effectively with your medicare insurance needs, please provide any updates by completing this Client Information Form and return. Remember to read/sign the bottom of page 2.

Or complete online at DRCInsurance.com/current-clients and select 'Update My Info'.

Mail to: DRC Insurance, PO Box 7591, Chandler, AZ 85246.

SECTION I

Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Age: _____

Email: _____ Birthday: _____

Preferred method of contact: ☐ home phone ☐ cell phone ☐ email ☐ text

Preferred time of contact: ☐ morning ☐ afternoon ☐ evening

Marital status: ☐ married ☐ single ☐ widowed ☐ no email/internet connection

SECTION II (current status)

Insurance Carrier & Plan: _____ Premium: \$ _____

Prescription Drug Plan (PDP): _____ Premium: \$ _____

On scale of 1 - 5, rate your experience with your health/drug plan: low 1 2 3 4 5 high

What is your overall understanding of how Medicare works? low 1 2 3 4 5 high

Are you already enrolled in Medicare? ☐ Yes* ☐ No **Medicare #:** _____

If yes, what are your Effective Dates for Part A / Part B: _____

How can Darrell best assist you: _____

SECTION III (preferences)

Which "system" of receiving Medicare Healthcare benefits do you prefer:

- ☐ Original Medicare + Medicare Supplement (\$\$) + Part D Prescription Drug Plan (PDP)
- ☐ Medicare Advantage + Prescription Drugs (MAPD) - HMO/Network (most \$0 premium plans)

For your new plan, which carriers are you interested in exploring:

- ☐ Blue Cross Blue Shield ☐ Aetna ☐ United Health Care/AARP ☐ Humana
- ☐ Cigna ☐ Allwell ☐ Other: _____

What is most important to you? ☐ lower copays ☐ plan star rating

☐ Extra benefits (ie: ☐ hearing ☐ vision ☐ dental ☐ silver sneakers/gym)

☐ Better Prescription Drug benefits ☐ Keeping my doctors (ie: ☐ PCP ☐ Specialists)

☐ Wide network of providers ☐ Transportation ☐ Services in one basic location

☐ Other: _____ I have dental coverage ☐ Yes ☐ No

What is your **preferred hospital**? _____

SECTION III continued

PHYSICIANS: My Info

Primary Care Physician (PCP): (first/last name)

Dr. _____

☐ I prefer to keep my PCP zip: _____

☐ I can change to a new PCP if necessary

My Main Specialists: (first/last name)

Dr. _____

specialty: _____

☐ I prefer to keep zip: _____

Dr. _____

specialty: _____

☐ I prefer to keep zip: _____

Dr. _____

specialty: _____

☐ I prefer to keep zip: _____

Medical Power of Attorney/Surrogate

or Alternate Contact Person:

Name: _____

☐ Phone: _____

☐ Email: _____

My Main Specialists: (first/last name)

Dr. _____

specialty: _____

☐ I prefer to keep zip: _____

Dr. _____

specialty: _____

☐ I prefer to keep zip: _____

Dr. _____

specialty: _____

☐ I prefer to keep zip: _____

Chronic Conditions: ☐ None ☐ Diabetes Type: ☐ I ☐ II ☐ CHF ☐ CVD ☐ COPD

PRESCRIPTIONS: *Attach additional sheet if necessary.

NAME of DRUG	FREQUENCY	DOSAGE	COST	GENERIC?

Pharmacy: _____ ☐ Receive "Extra Help" w/Rx? ☐ LIS/AHCCCS:# _____

SECTION IV

I am interested in finding out about other services/products Darrell offers: (check any)

- ☐ Living Trust / vital docs ☐ Final expense planning ☐ Hospital/Long-term plans
☐ Wealth preservation ☐ Critical care/cancer plans ☐ Term life insurance

IMPORTANT: I authorize my broker/agent to utilize any protected health information (PHI) I have voluntarily provided for the purpose of advising me regarding my health plan/other product options. I agree to be contacted by phone/email unless I state otherwise. No information will be disclosed to any third party. Any electronic storage, transmission, or material copy will be kept secure and protected.

Signature(s): _____ **Date:** _____

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.
(Refer to page 2 for product type descriptions)

- ☐ **Stand-alone Medicare Prescription Drug Plans (Part D)**
- ☐ **Medicare Advantage Plans (Part C) and Cost Plans**
- ☐ **Dental/Vision/Hearing Products**
- ☐ **Hospital Indemnity Products**
- ☐ **Medicare Supplement (Medigap) Products**

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above.

Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:	
Signature:	Signature Date:
If you are the authorized representative, please sign above and print below:	
Representative's Name:	Your Relationship to the Beneficiary:
To be completed by Agent:	
Agent Name: Darrell R Crum	Agent Phone: 602.475.3240 drclnsurance.com
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address (Optional):	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	Date Appointment Completed:
[Plan Use Only:]	
Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:	

*Scope of Appointment documentation is subject to CMS record retention requirements *
A Coordinated Care plan with a Medicare Advantage contract and a Medicare-approved Part D sponsor

Stand-alone Medicare Prescription Drug Plans (Part D)
Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.
Medicare Advantage Plans (Part C) and Cost Plans
Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).
Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.
Medicare Private Fee-For-Service (PFFS) Plan — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.
Medicare Point of Service (POS) Plan — A type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.
Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.
Medicare Medical Savings Account (MSA) Plan — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.
Medicare Cost Plan — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.
Dental/Vision/Hearing Products
Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.
Hospital Indemnity Products
Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.
Medicare Supplement (Medigap) Products
Plans offering a supplemental policy to fill "gaps" in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.