

J. J. Rood Health Care Advisor
428 Union Avenue - 1st Floor
Kittanning, PA 16201

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Dear

To find the best Medicare Supplemental/Advantage Plan with the best benefits and the best price in your area, please fill out this questionnaire and return it to me, in the self-addressed, stamped envelope, along with the signed Scope of Appointment.

Please copy your prescription drugs directly from the containers, including any generic names.

If you have any questions or need assistance filling out this form, please contact me at (724) 545-6270

Contact Information

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

My new Medicare #: _____

Effective Dates: Part A: _____ Part B: _____

Current Advantage or Supplemental Plan: _____

Date of Birth: (mm/dd/yy) _____ County: _____

Medical Information

PRIMARY CARE PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

Hospitals

(that you would want access to receive care from, if needed?)

	Hospital Name	City	State
1			
2			
3			

Specialists

	Name/Group Name	Address	Phone
1			

2			
3			
4			
5			
6			

Prescription Drugs

(Brand/Generic) (Caps, tablets, daily, etc.) (milligrams, drops, etc.)

	Brand/Generic	Dosage (caps, tablets, daily, etc.)	Strength (milligrams, drops, etc.)
1			
2			
3			
4			
5			
6			
7			

8			
9			
10			
11			
12			
13			
14			
15			

Thank you for taking the time to complete this questionnaire so that I can research the best options for your medical needs and lifestyle.

I look forward to meeting with you soon.

Best regards,

Jeffrey J. Rood
Licensed Insurance Agent
(724) 545-6270

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Attach another page for any additional information: