Health Benefits Washington Corp

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Individual/Family/Medicare/Life & Disability
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HBWA
Health Benefits Washington

"Let's make your benefits work for you!"

Health Benefits Washington opened in May of 2016. Our goal is to provide you with all the information to make a good decision for a plan that will provide you with the benefits you need and want. We are here to help you with any issues that you may encounter throughout the year, and assist with the solutions you are looking for.

When we discuss your Medicare Options, Medicare requires that we have a Scope of Appointment signed by each person whom we will be meeting with. This is to acknowledge that we will only be talking about the specified topics during our visit and must be kept on file for 10 years. Spouses cannot make changes to one-anothers plans without being an Authorized Representative.

"We do not offer every plan I your area. Any information we provide is limited to those plans we offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all your options. All Medicare phone calls are required to be recorded."

Please tell us about yourself / spouse if both seeking information - Download to enter information onto form, or print, complete and scan or text a picture to 425-501-4112 - All of our Communications are Encrypted

NAME	SPOUSE
PHONE	PHONE
ADDRESS	ADDRESS
CITY ST ZIP	CITY ST ZIP
EMAIL	EMAIL
DATE OF BIRTH	DATE OF BIRTH
MEDICARE #	MEDICARE #
Part A Date	Part A Date
Part B Date	Part B Date
Budget - *on top of Part B Premium:*	Budget - *on top of Part B Premium:*
WANTS/NEEDS: Chiro, Dental, Acupuncture, Gym	WANTS/NEEDS: Chiro, Dental, Acupuncture, Gym
DOCTORS/PROVIDERS (full name, clinics, phone) Use separate page for additional information.	DOCTORS/PROVIDERS (full name, clinics, phone) Use separate page for additional information.
PRESCRIPTIONS: NAME/DOSAGE Use separate page for additional information.	PRESCRIPTIONS: NAME/DOSAGE Use separate page for additional information.

ADDITIONAL INFORMATION YOU WANT US TO CONSIDER ON YOUR BEHALF:

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