LS-INSURANCE

LS-Insurance Medicare Assessment Form

Current Coverage & HealthCare Needs

Name:

Address:

DOB:

Medicare #:

1. What type of medical coverage do you have now?
2. What do you like about your current coverage?
3. What would you change about the coverage?
4. How much are you currently paying for your medical coverage?
5. How do you plan to pay for your hospital deductibles and copayments?
6. What Medication(s) are you taking – (name & dosage & frequency)?

7. Who are your current doctors (Primary & Specialists)?

8. What is important to you in a healthcare plan?

9. Are you active or looking to be active?
   - Do you walk or go to the gym?

10. Do you agree to receive SMS texts about special offers and status updates on services rendered?

11. Are you a Veteran? Yes or No

12. Are you a spouse of a Veteran? Yes or No

Date:

Signature:

By signing this document I've given permission to Linda Simonton, a licensed agent in good standing, to work on my behalf, by submitting this information on this questionnaire. This grants her permission to submit my information on the different Carrier's platform(s), to provide me a quote or enroll me in a plan that fits my healthcare needs and budget. She also may receive any communications about my eligibility and enrollment.

DISCLAIMER: " We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options."

By providing a telephone number and submitting this form you are consenting to be contacted by SMS text message. Message and Data Rates may apply. You can STOP messaging by sending STOP and get more help by sending HELP.

Submit