EQUIS FINANCIAL
AN INTEGRITY COMPANY

Medicare Intake Form

Date _____

First Name _____ **MI** _____ **Last Name** _____

Male ☐ **Female** ☐ **DOB** _____/_____/_____ **Medicaid ID** _____

Medicare ID _____ **Part A Eff** _____ **Part B Eff** _____

Home Phone _____ **Cell Phone** _____ **Prefer?** _____ **Text** ☐ **Y** ☐ **N**

Address _____

City _____ **State** _____ **Zip** _____ **County** _____

Email _____

	Other Insurance Plan Name (Group/VA/MA/PDP/Med Supp/HI/CI, etc.)	**Type**	**Premium**
1.			
2.			
3.			

RX Info.	**Medicine Name**	**Dosage**	**Quantity**	**Frequency**
1.				
2.				
3.				
4.				
5.				
6.				

MD Info.	**Name**	**Address**
PCP		
Specialist		
Specialist		
Specialist		
Dentist		
Eye Dr.		

Pharmacy

Name _____

Address _____

**********AGENT USE**********

New To MA? ☐ **Y** ☐ **N**

Carrier _____ **Plan Name** _____

PlanID_____ **Eff Date** _____

Application Type:

☐ **Phone** ☐ **Online App MedicareAPP/MedicareLink** ☐ **Online App/Carrier**

HRA/VBE/MCA Completed? ☐ **Y** ☐ **N**

Agent Current Client ☐ **Agent New Client** ☐

Notes:

_____
_____
_____
_____
_____
_____
_____
_____
_____
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