(817) 613-1098

JB Gross Insurance Agency LLC

Fax (817) 613-1360

www.jbgross.com

Medicare Information Sheet

Full Name:____ Referred By: ________________________________

Requested Effective Date:_______________ Primary Contact Person for Additional Information:_______________________

Gender: Male/ Female DOB:_______________ Tobacco Use: Yes/ No Height:_____ / ______ Weight:_______lbs

Street Address: ______________________________City:_______________ Zip Code:__________County:________________

E-mail Address:____ Single Married: Other: _______________________

Home Phone: (______) _______ - _______ Cell Phone: (______) _______ - _______ Work Phone: (______) _______ - _______

Types of Coverge to be Quoted

Medicare Supplement Prescription Drug Plan (PDP/RX) Medicare Advantage HMO Medicare Advantage PPO

Reason for Enrolling: Initial Enrollment Period (IEP) Annual Enrollment Period (AEP) Special Enrollment Period (SEP)

Needs Assessment: Is there a family memeber, friend, or Power of Attorney that helps you make decisions on your medical care?
YES / NO If yes, who? ____

Current Coverage: Carrier's Name:____________________________________ Date Coverage Ends: ______________________
Are you an AARP Member? YES / NO Do you have End Stage Renal Disease (ESRD)? YES / NO
Are you on Medicaid? YES / NO Do you get extra help through Social Security? YES / NO What kind?
____

Provider Check: List your current *PHYSICIANS*, *LABORATORY*, and *HOSPITAL* information*

PHYSICIAN or FACILITY NAME	PROVIDER TYPE	PHONE NUMBER	CITY & ZIP CODE

Pharmacy Check: List your preferred *PHARMACY* information (mail order pharmacies can be listed)

PHARMACY NAME	PHONE NUMBER	CITY & ZIP CODE

Prescription Check: List *ALL PRESCRIPTIONS*, include *TYPE* (Capsule/Tablet/ Liquid/Etc.), *DOSE*, & *TIMES TAKEN PER DAY**

**Print additional sheets if needed for Provider or Prescription Information*

____ _______________

Signature Date

Agent Office Use Only

Date Submitted:___________ Submitted Via: Email Fax In Person Mail Information taken by:___________________

Notes:____

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