Instructions

Please fill out the "Pre-Meeting Checklist" on pages 2 and 3. This information will help us determine which plans cover the unique needs that you have.

Necessary Items for Your Meeting:

- Address with Zip code
- Date of Birth
- Current care providers (PCP, Specialists, Dentist, etc.)
- Current Medications (listed as such: Atorvastatin, 15mg once daily)
- Red, White, and Blue Medicare Card (and your Part A/B Dates)

Thoughts to Consider:

These will likely be discussed when we meet, so have some thoughts prepared. Anything you feel is important to your healthcare, is relevant to discuss during a Medicare consultation.

- What is your history with Medicare? (are you brand new, do you know what options are available for you, have you already been on Medicare?)
- Do you have a spouse or close relative who is at or nearing Medicare eligibility?
- What benefits have you heard that are interesting or intriguing for you?
- What conditions do you deal with that require ongoing treatment?
- What concerns do you have with your current/prior coverage, if any?

What to Expect During a Meeting:

Meetings are personalized to address the unique individual that you are. First meetings with us are generally structured as follows:

- Introduction (Who are we, what are we meeting for)
- Definition of Need (What do we want to accomplish, what would be a success)
- Identification of Risk (Personal risk assessment)
- Plan of Action (How will we accomplish this/When)

Simplicity Medicare Pre-Meeting Form

Name:

Address:

Date of Birth:

Current Health Insurance Coverage(s): Current Pharmacy(s): None Current Doctors:					
			Name	Specialty	Address
			None at this time in US		
Current Prescription Medica		Frequency			
Name	tions: Dosage	Frequency			
		Frequency			
Name		Frequency			
Name		Frequency			
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Name		Frequency			

Simplicity Medicare Pre-Meeting Questions

Answer the following questions.

- 1. What is your current health insurance cost per month (What are your premiums)?
- 2. What is your annual income? (To calculate IRMAA)
- 3. Have you had any major health events in the past 2 years? (Surgery, hospitalization, diagnosis)
- 4. Do you have any chronic conditions or diagnosis' that require ongoing treatment/monitoring?
- 5. Do you frequently travel far from home? (Yes/No)
- 6. Will you need insurance for Dental and Vision? (Yes/No)