

# NEADS ASSESSMENT SURVEY



UNIVERSAL HEALTHCARE

Experience Hassle-Free Health Care<sup>SM</sup>

If enrolled, enrollment confirmation number:

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Prospect Name: \_\_\_\_\_

County: \_\_\_\_\_ Date: \_\_\_\_\_

## Current Coverage:

Medicare Parts A and B:  Yes  No

View Medicare card (If your card is lost, call the Social Security Administration at 1-800-772-1213 to verify number and order a new card.)

Group plan:  Yes  No

If yes, when does it end? \_\_\_\_\_

Medicaid:  Yes  No

If yes, Medicaid number: \_\_\_\_\_

Other coverage:  Yes  No

Cost: \_\_\_\_\_

Are you concerned about the cost of your current health care coverage?  Yes  No

Explain: \_\_\_\_\_

Do you have End-Stage Renal Disease?  Yes  No (Special circumstances may qualify prospect.)

## Travel:

How often do you travel away from home? \_\_\_\_\_ How long are you away? \_\_\_\_\_

## Prescription Drugs:

Ask for permission to review prescriptions in our *List of Covered Drugs (Formulary)* and document the name, tier level, and cost:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you receive Extra Help (LIS) to pay for your prescription drug costs?  Yes  No

## Providers:

Is it important for you to continue seeing a specific provider(s)? If yes, name(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Additional Benefits: are any of these important to you?

Hearing  Yes  No

Preventive Dental

Yes  No

Vision  Yes  No

Fitness Program Membership

Yes  No

Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<http://www.totalbenefits.net> Edward MacConnell-EMA Group Inc

(215)355-2121

Universal is a health plan with a Medicare contract.

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