

Beneficiary Intake Form

This worksheet provides the necessary information that PA MEDI volunteers and staff need to prepare a personalized comparison report for you. PA MEDI does not endorse any Medicare Advantage or Part D Prescription Drug Plan. Any information provided on this form will not be sold, shared, or used for any other purpose besides providing you with a plan comparison.

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____

Email Address: _____

Appointment Preference: In-Person Appointment Phone Appointment

Medicare Login I have a Medicare Account Login I need a Medicare Account Login

A Medicare account login is needed for your appointment. If you would like a personalized search and already have a Medicare.gov account login, please provide your account information below:

Username: _____ Password: _____

If you do not have a Medicare.gov account, or are not sure, your PA MEDI counselor will call you to help create an account for you. You will need to have your Medicare card to create the account.

Health Insurance Information: Do you have any of the following coverages?

Medicaid Tricare VA Federal Employee Benefits
 PA State Retiree Benefits HOP Other: _____

Do you currently have a stand-alone Part D Drug Plan or a Medicare Advantage Plan?

Yes No I don't know

Current Plan Name/Company: _____

Current Monthly Premium: \$ _____

Do any of the following apply to you?

PACE PACENET Extra Help The state pays my Part B Premium

FOR OFFICE USE ONLY

