



North Shore Senior Healthcare

Medicare Made Easy for Medicare Recipients

Living on the North Shore of Massachusetts

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Medicare ID: \_\_\_\_\_ Medicare Part A effective Date: \_\_\_\_\_

Medicare Part B effective Date or desired effective date in the future: \_\_\_\_\_

Current medical healthcare plan name: \_\_\_\_\_

Current medical healthcare plan ID: \_\_\_\_\_

How would you best describe your health condition?

\_\_\_ Good – Visit doctors six or fewer times per year

\_\_\_ Fair – Visit doctors every month or 12 times/ year; may require short hospital stay

\_\_\_ Poor – Visit Doctor two times per month; may require multiple hospital stays

Do you have end-stage renal failure? \_\_\_\_\_

Would you require routine Medicare if you were traveling out of your home area? \_\_\_ Do you travel internationally? \_\_\_

What type of premiums and co-pays would you rather pay for?

\_\_\_ Lower monthly premiums & pay higher co-pays when you go to the doctor or hospital?

\_\_\_ Higher monthly premiums and pay minimal co-pays when you go to the doctors or hospital?

Who is your primary care physician (PCP)?

Name Address Phone

If the lowest cost and highest rated Medicare plans are not accepted by your PCP, would you rather:

\_\_\_\_\_ Explore only plans my PCP accepts? \_\_\_\_\_ Or explore other highly rated PCPs near me that do accept the lowest cost/highest rated plans?

Who are your medical specialists?

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you take prescription medications? \_\_\_\_\_ How much do you spend per month? \_\_\_\_\_

Preferred Pharmacy? \_\_\_\_\_

**Prescription Drugs**

Name	Dose	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you wear glasses or contacts? \_\_\_\_\_ Is going to a gym important to you? \_\_\_\_\_

Qualify for Masshealth Standard (< \$1,005/month)? \_\_\_ Medicaid Number: \_\_\_\_\_

Do you qualify for frail senior Medicare Advantage? (Two ADLs + income < \$2,000/mo.)? \_\_\_\_\_

Do you get other financial help? \_\_\_\_\_

Do you have an authorized representative? \_\_\_ Name \_\_\_\_\_

Authorized Representative's contact phone: \_\_\_\_\_

Other information/questions you wish to share: \_\_\_\_\_

Please return this worksheet to: [bbullen@nsshealth.com](mailto:bbullen@nsshealth.com) or North Shore Senior Healthcare, 8 Hardy Road, Swampscott MA 01907. For questions call (781) 596-0174.