

# Elder Financial Safety Center Medicare Review Referral Form

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

Full Name: \_\_\_\_\_  
*First* *Middle* *Last*

Complete Address (No PO Boxes): \_\_\_\_\_  
*Street #* *Street Name* *Apt. #* *City* *State* *Zip Code*

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_ Female \_\_\_ Male      Race: \_\_\_\_\_      Marital Status: \_\_\_\_\_

If you are referring a client for a Medicare or Insurance Review, please complete the following information.

Your Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

### What you need to have for a Medicare Review:

- Red, White and Blue Medicare Card
- List of prescription drugs including name, dosage and intake per month
- Name of primary doctor and any specialists you are seeing
- Name and location of pharmacy

### If you would like to have any of the following lines of insurance reviewed, please check below:

Supplemental

Life

Long-Term Care

Home Owner's

Auto

Other: \_\_\_\_\_