Medicare Part D
Client Intake Form

East Alabama Regional Planning and Development Commission
Area Agency on Aging
AGING AND DISABILITY RESOURCE CENTER

ALABAMA SHIP
STATE HEALTH INSURANCE ASSISTANCE PROGRAM

NAME ON MEDICARE CARD _____

MEDICARE CLAIM No.#_____ MARITAL STATUS: Make a Selection
(circle one)

EFFECTIVE DATE FOR PART A_____ PART B_____

DATE OF BIRTH_____ RACE _____ GENDER_____

ADDRESS_____
(Street) (City) (County) (Zip Code)

PHONE NUMBER_____ ARE YOU DISABLED? YES / NO Make a Selec
(circle one)

PHARMACY_____ INCOME $ _____

DO YOU GET EXTRA HELP? Make a Selection IF SO, WHICH KIND? Make a Selection
(circle one) (circle one)

DO YOU HAVE A *MY MEDICARE* ACCOUNT? YES / NO _____

CURRENT HEALTHCARE/DRUG COVERAGE: _____

WHICH PLAN WOULD YOU LIKE? ☐ ADVANTAGE PLAN ☐ DRUG PLAN ONLY

MEDICATIONS
(Must have correct spelling, dosage & directions)

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

For Office Use Only:

DATE OF INTAKE_____ TIME SPENT:_____HOURS_____MINUTES

TYPE OF INTAKE: COMPARISON ENROLLMENT

USERNAME:_____ PASSWORD: _____

NAME OF VOLUNTEER

PLEASE SIGN THE BACK OF THIS PAGE →

State Health Insurance Assistance Program Client Agreement

The following has been explained to me and I agree to counseling under provisions and guidelines of the Alabama State Health Insurance Assistance Program (SHIP):

- These programs are intended to provide information regarding Medicare (Part A, Part B, and Prescription Drug Coverage), Medigap, Long Term Care Insurance, Medicare Advantage, Medicaid, Medicare Savings Programs and other benefit programs and health options that empower me to be informed of viable choices; exercise my individual rights and protections; and become a pro-active partner in my own health care decisions.

- Services are provided by trained volunteer counselors who are acting in good faith, and information given shall not be construed to legal advice.

- Counselors do not sell, recommend, or endorse any specific insurance product, agent, company, Medicare Advantage Plan, or Medicare Prescription Drug Plan, nor may they be actively affiliated with the insurance, financial planning industry or pharmaceutical industry. Any potential conflict of interest will be clearly disclosed to me.

- Counselors assume no responsibility for decisions made or actions taken by me I hold harmless the SHIP, the local East Alabama Regional Planning and Development Commission AAA/ADRC, the Alabama Department of Senior Services, and the counselor for any liability arising out of services provided within the program guidelines.

- Counselors will use information collected only in pursuit of assisting the client(s) and will not divulge confidential data to external sources other than Medicare service providers or insurance carriers in conjunction with counseling or assistance duties.

Name of Client (please print)

Counselor

Signature of Client

Date

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PLEASE COMPLETE THE OTHER SIDE OF THIS PAGE →