

ALLIANCE INSURANCE SOLUTIONS INDIVIDUAL NEEDS ANALYSIS

This form is to be completed in conjunction with the Medicare beneficiary and it's intended solely for the purposes of determining individual needs and health plan suitability

How was this lead generated? _____ Referred by? _____

Current Plan _____
 Are you happy with your current plan? Yes _____ No _____
 Reason _____

For the purposes of this presentation does beneficiary require the assistance of a friend or relative? Y N
 Was friend or relative present during the presentation? Y N
 Does assisting person hold a medical power of attorney? Y N
 Name of person assisting _____

Beneficiaries Name _____ DOB ___ / ___ / ___ Address _____ Tel _____

Do you have Medicare A & B _____ Medicare # _____ Do you have Medicaid? _____ Medicaid # _____

Current Medical Providers	Verified in network?	Current Prescriptions/Formulary Explanation*	Verified in formulary?
PCP	Yes No	MG	Yes No Tier?
Specialist	Yes No	MG	Yes No Tier?
Specialist	Yes No	MG	Yes No Tier?
Specialist	Yes No	MG	Yes No Tier?
In general, do you have any pending treatments, procedures or diagnostic tests that require preauthorization in the next 90 days?	Yes No	MG	Yes No Tier?
Network Hospitals		MG	Yes No Tier?
Homecare/Nurse Agency?		MG	Yes No Tier?
Medical Equipment/Oxygen?		Coverage Gap (donut hole) Explained YES NO	Explained Late Enrollment Period? YES NO
Proposed Plan? _____	HMO PPO SNP Med Sup	Effective Date ___ / ___ / ___	Explained Medicare Savings Program? YES NO
Monthly Premium? \$ _____ Rx Deductible \$ _____ Tiers _____	Require Referrals? Y N	Service Area? _____	Health Plan Name (gym)?

By signing this form we attest that to the extent of the information provided by the beneficiary that all providers and prescription were verified as indicated in this form.

Note, this is not a statement of benefits or guarantee of services.

Agent Signature

Date

Beneficiary Signature (optional)

Date

*Please Note: This form is to be used by the presenting insurance agent as a needs analysis tool only. This form has not been submitted or approved by CMS, Social Security or any other Government office.

