

Medicare Snapshot

1. CONTACT INFORMATION

Name _____ Birthdate _____ Current Age _____

Address _____

City _____ Zip _____ County _____

Cell Phone _____ Email _____

2. MEDICARE STATUS

☐ Currently Working

Employer _____

Retirement Date _____

☐ Veteran ☐ Yes ☐ No

☐ SSA.gov Account Created ☐ Yes ☐ No

☐ Receiving Social Security ☐ Yes ☐ No

☐ Receiving Disability ☐ Yes ☐ No

☐ Have Medicare Card ☐ Yes ☐ No

Medicare # _____

Part A Effective Date _____

Part B Effective Date _____

☐ Medicaid ☐ Yes ☐ No

Medicaid # _____

3. WHICH BEST DESCRIBES YOU?

- ☐ I prefer predictability, freedom and fewer surprises.
- ☐ I prefer lower monthly costs, even if things aren't always predictable.

4. MEDICARE TIMING

- ☐ I am or will be drawing Social Security before age 65.
- ☐ I will NOT be drawing Social Security before age 65.

5. NEXT STEPS

- ☐ YES! Please contact me for a Free Medicare Review.
- ☐ I already have Medicare but would like a review.
- ☐ Please remind me when I become eligible.
- ☐ I prefer not to be contacted.

6. OAK ST. HEALTH – I WOULD LIKE:

- ☐ I would like to be contacted by Oak St. Health
- ☐ I would like to schedule a meeting/tour of an Oak St. Health center near me

Why Oak St. Health?

Primary Care Doctor's Office
With a Heart for Adults on Medicare.

7. COMMENTS