



## Medicare Intake & Quote Form

*Use this form to capture complete, consistent information from every Medicare lead.*

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### 1. Applicant Information

- **Full Name:** \_\_\_\_\_
  - **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - **Address:** \_\_\_\_\_
  - **City/State/ZIP:** \_\_\_\_\_
  - **Phone:** \_\_\_\_\_
  - **Email:** \_\_\_\_\_
  - **Medicare Number (MBI):** \_\_\_\_\_
  - **Part A Effective Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - **Part B Effective Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_
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### 2. Employment & Retirement Status

- **Are you currently working?** Yes / No
  - **Is your spouse currently working?** Yes / No
  - **Do you have employer coverage available through your job or spouse's job?** Yes / No
  - **Are you drawing Social Security benefits?** Yes / No
  - **If not, when do you plan to start?** \_\_\_\_\_
  - **Are you offered a retiree health plan?** Yes / No
  - **If yes, provide details:**  
\_\_\_\_\_
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### 3. Current Medicare Coverage

- **Current plan type:** None / Medicare Supplement / Medicare Advantage / Prescription Drug Plan
- **Current plan name:** \_\_\_\_\_



- **Monthly premium:** \$\_\_\_\_\_
  - **Any issues or concerns with your current coverage?**

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## 4. Doctors and Providers

*List every doctor, specialist, and preferred facility.*

## 5. Medications

*List all current medications including dosage and frequency.*



Medication Name	Dosage	Frequency

## 6. Chronic Conditions & Health History

*List any major diagnoses, chronic conditions, recent surgeries, or ongoing medical treatments.*

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## 7. Preferred Pharmacy

- Pharmacy Name:** \_\_\_\_\_
- Do you prefer 90 day supplies?** Yes / No
- Any medication allergies or restrictions?**

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## 8. Dental and Vision Coverage

- Interested in Dental coverage?** Yes / No
- Interested in Vision coverage?** Yes / No
- Current Dental/Vision coverage?** Yes / No
- Dentist Name:** \_\_\_\_\_
- Optometrist Name:** \_\_\_\_\_

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## 9. Hospital Indemnity Coverage

**Would you like information on Hospital Indemnity coverage? Yes / No**

**Explanation:** Hospital Indemnity pays cash benefits directly to you when you are hospitalized. These funds can be used toward copays, deductibles, transportation, or personal expenses.

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## 10. Budget Target

- **Ideal monthly premium range:** \$\_\_\_\_\_ to \$\_\_\_\_\_
  - **Comfortable copay/deductible levels:** \_\_\_\_\_
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## 11. Additional Notes

*Anything else we should know to help you choose the right Medicare plan.*

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