

INTAKE FORM- FOR AGENT USE ONLY

NAME: <u>Nicci Medina</u>		APPT DATE: <u>4/25/23</u>
DOB: <u>5-22-73</u>	MONTH/YR T65: <u>May/2038</u>	
ADDRESS: <u>3408 Summit Blvd. Sand Springs, OK</u>		HOME # <u>918-284-8401</u>
MAILING ADDRESS: <u>same</u>		CELL # <u>918-955-7312</u>
COUNTY: <u>Tulsa</u>		text ok? <u>(YES/NO)</u>
e-MAIL: <u>nicci@the medinaagency, info</u>		Referred by: <u>MARVIN</u> <small>*ask for referral!!!!</small>
are you a veteran? <u>NO</u> do you receive Rx from the VA: <u>YES/NO</u> TFL: <u>YES/NO</u>		
Current MCARE plan name: <u>UHC</u>		
Do you have private insurance: <u>NO</u>		
DO YOU HAVE GROUP COVERAGE (+20/-20) YES/NO <u>NO</u> Mcare Retirement plan offered?: <u>NO</u>		
PCP NAME# <u>DR XYZ</u>	IPA: _____	PH: <u>918-222-2222</u>

  

Name: _____	specialty: _____	ph# _____
Name: <u>DR XYZ</u>	specialty: <u>heart</u>	ph# <u>918-222-2222</u>
Name: _____	specialty: _____	ph# _____
Name: _____	specialty: _____	ph# _____

  

MBI# XY23-451-28AB Part A: 5/1/2020 Part B: 5/1/2021 Part D: 5/1/2021

Mcaid ID # XXX-XX-8951 QMB: YES LIS: LOS level: 100%

Income(include spouse) \$ 50,000 Source of income: SSDI: (SSI) VA \$ \_\_\_\_\_

Pension\$ NO (list any assets(cash/chknng/savings/stocks/401k/IRA) value: \_\_\_\_\_)

Chronic Condition: CHF/HTN/DM/A-fib/CAD/ESRD:DIALYSIS/CA/ Other: thyroid upcoming Schld surgery: NO

  

Rx:

Name, frequency, type	TIER	Name/frequency/type	TIER
<u>XYZ, 1/D, tablet</u>			
<u>XYZ, 2/D, capsule</u>			

Is there a person who helps you make decisions? YES/NO: POA? Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

plan enrolled: \_\_\_\_\_

Significant information: \_\_\_\_\_