★ ★ ★ ★ Wolzen Medicare & Tax Services, LLC ★ ★ ★ ★ ★

Client Intake Form

For Medicare Services

Today's Date:_____

Client Information

Name: _____ Date of Birth: _____

Address: _____ Email Address: _____

Clients MBI_____ Effective Dates: A_____ B_____

Medicaid: _____ LIS_____

Do you have any chronic conditions, such as asthma, COPD, cardiovascular disease (CVD), congestive heart failure, dementia, diabetes, or hypertension? If yes, please explain:

_____

Current PCP: _____

Current Specialist: _____

Prescriptions: Pharmacy:

Name	Dose	Frequency	Client or spouse

Would you like information on low-income subsidies to help with prescriptions? _____

What's to important to you to have on your plan, Dental, Hearing, transportation, Etc? _____

_____

VA, Tri-Care Coverage? _____