MEDICARE ASSISTANCE PROGRAM

Please complete and return this form to SGIA Medicare Consulting to receive Medicare information and a confidential benefits assessment. There is no cost to use this program.

SGIA Medicare Consulting
www.sgiamedicare.com
Corporate Office: (888) 284-3314
info@sgiamedicare.com

PERSONAL INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Birth Date __ – __ – ____ Nickname _____ Female ☐ Male ☐

Phone _____ Cell Phone _____ Age _____

Address _____

City _____ State _____ Zip _____ County _____

Employer _____ email _____

Mailing address, if different _____

Emergency Contact _____ Phone _____

INSURANCE INFORMATION

Medicare Number _____ Do You Have Medicaid? No

HOSPITAL (Part A) Date __ – __ – ____ MEDICAL (Part B) Date __ – __ – ____

Current Insurance Plan _____ Cost _____

MEDICAL INFORMATION

Primary Care Provider _____ Phone _____

Specialty Provider _____ Phone _____

Specialty Provider _____ Phone _____

Pharmacy Name _____ Phone _____

Medication	Dosage and Frequency	Medication	Dosage and Frequency

Tobacco User? No

ADDITIONAL INFORMATION

If an authorized representative helps with health insurance, please provide the following information:

Representative Name/ Relationship _____

Representative Phone _____ *Representative email* _____

Representative Address _____

Other Information: _____

RESET SAVE PRINT EMAIL FORM

Contact SGIA for Medicare information: call 888-284-3314 or email info@sgiamedicare.com
FAX form to 888-713-2217