

## NEBRASKA SHIP CLIENT CONTACT FORM

### Section 1 - Client / Counselor Information

Counselor Name:

Counseling Location Zip Code:

Counseling Location County:

First

Last

Client Name:

Client Zip Code:

Client County:

First

Last

### Section 2 - Counseling Session Information

Date of Contact:

 \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 month / day / year

How Did Client Learn About the SHIP: (check only one)

- |  |                                       |  |                                      |
|--|---------------------------------------|--|--------------------------------------|
| <input type="radio"/> Previous Contact | <input type="radio"/> Medicare        | <input type="radio"/> Congressional office | <input type="radio"/> Partner Agency |
| <input type="radio"/> SHIP Event       | <input type="radio"/> Social Security | <input type="radio"/> Drug/Health Plan     | <input type="radio"/> SHIP Website   |
| <input type="radio"/> SHIP Media       | <input type="radio"/> Friend/Relative | <input type="radio"/> Medicaid             | <input type="radio"/> Other          |

Method of Contact:

- |   |                                  |
|---|----------------------------------|
| <input type="radio"/> Phone call                | <input type="radio"/> Email      |
| <input type="radio"/> In Person (site)          | <input type="radio"/> Mail / Fax |
| <input type="radio"/> In Person (client's home) | <input type="radio"/> WebEx      |

Age:

- ☐
- under 65
- 
- ☐
- 65-74
- 
- ☐
- 75-84
- 
- ☐
- 85 or older

Race:

- ☐
- American Indian or Alaska Native
- 
- ☐
- Asian
- 
- ☐
- Black or African American
- 
- ☐
- Hispanic or Latino
- 
- ☐
- White, Non-Hispanic
- 
- ☐
- Other

Client Monthly Income for 2023:

- \$1,843 / individual    \$2,485 / couple
- ☐
- Less than above
- ☐
- More than above

Client Assets for 2023:

- \$16,660 / individual, \$33,240 / couple
- ☐
- Less than above
- ☐
- More than above

Receiving or Applying for Medicare due to Disability:

- ☐
- Yes
- ☐
- No

Gender:

- ☐
- Female
- 
- ☐
- Male

Primary Language:

- ☐
- Other
- ☐
- English

Values are Extra Help Qualifiers

### Section 3 - Topics Discussed

 Did you discuss Medicare fraud, waste or abuse?    ☐ Yes    ☐ No    *Please check fraud topic below*

#### Medicare (Parts A & B):

- ☐
- Appeals/Grievances/Quality of Care
- 
- ☐
- Eligibility, Benefit Explanation
- 
- ☐
- Claims/Billing
- 
- ☐
- Enrollment/Disenrollment
- 
- ☐
- Fraud & Abuse**

#### Medicare Supplement/Medigap:

- ☐
- Benefits Explanation
- 
- ☐
- Claims/Billing
- 
- ☐
- Eligibility
- 
- ☐
- Fraud and Abuse, Marketing Complaints**
- 
- ☐
- Plan Non-Renewal
- 
- ☐
- Plan Comparison

#### Medicare Advantage:

- ☐
- Appeals/Grievances
- 
- ☐
- Claims/Billing
- 
- ☐
- Disenrollment
- 
- ☐
- Eligibility, Benefits
- 
- ☐
- Enrollment
- 
- ☐
- Fraud and Abuse, Marketing Complaints**
- 
- ☐
- Plan Comparison

#### Medicare Prescription Drug Coverage:

- ☐
- Appeals/Grievances
- 
- ☐
- Benefits
- 
- ☐
- Claims/Billing
- 
- ☐
- Disenrollment/Non-Renewal
- 
- ☐
- Eligibility
- 
- ☐
- Enrollment
- 
- ☐
- Appeals/Grievances
- 
- ☐
- Fraud and Abuse, Marketing Complaints
- 
- ☐
- Plan Comparison

#### Part D Low Income Subsidy (LIS/Extra Help):

- ☐
- Application Submitted
- 
- ☐
- Benefits Explanation
- 
- ☐
- Claims/Billing
- 
- ☐
- Eligibility/Screening
- 
- ☐
- LINET / BAE

#### Other Prescription Assistance:

- ☐
- Manufacturer Programs/Discount Plans
- 
- ☐
- Military Drug Benefits
- 
- ☐
- Employer/Retiree Plan

#### Medicaid (Heritage Health):

- ☐
- Medicaid Application Assistance
- 
- ☐
- Benefit Explanation
- 
- ☐
- Claims/Billing
- 
- ☐
- Eligibility
- 
- ☐
- Fraud and Abuse**
- 
- ☐
- Other
- 
- 
- Other:
- 
- ☐
- Employer Health Benefits
- 
- ☐
- COBRA
- 
- ☐
- Long Term Care (LTC) Insurance
- 
- ☐
- LTC Other
- 
- ☐
- Other Health Insurance
- 
- ☐
- Retiree Health Benefits
- 
- ☐
- TRICARE for Life
- 
- ☐
- VA Benefits
- 
- ☐
- Other (Prevention, Online Tools, CHIP, etc.)
- 
- ☐
- Dental/Vision
- 
- ☐
- New Medicare Card**

### Section 4 - Session Completion

Total Time Spent:

\_\_\_\_ hours \_\_\_\_ minutes

Did You Enroll in Part D?

Old Plan Yearly Total: \$ \_\_\_\_

New Plan Yearly Total: \$ \_\_\_\_

Enrollment Confirmation: \_\_\_\_

Non Part D Savings

Amount Saved: \$ \_\_\_\_

Reason for Savings: \_\_\_\_

Status: (check only one)

- ☐
- In Progress
- ☐
- Complete