

NEBRASKA SHIP CLIENT CONTACT FORM

Section 1 - Client / Counselor Information

Counselor Name:	Counseling Location Zip Code:	Counseling Location County:
_____	_____	_____
First	Last	
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Client Name:	Client Zip Code:	Client County:
_____	_____	_____
First	Last	

Section 2 - Counseling Session Information

Date of Contact:	How Did Client Learn About the SHIP: (check only one)		
____/____/____ month / day / year	<input type="radio"/> Previous Contact	<input type="radio"/> Medicare	<input type="radio"/> Congressional office
	<input type="radio"/> SHIP Event	<input type="radio"/> Social Security	<input type="radio"/> Drug/Health Plan
	<input type="radio"/> SHIP Media	<input type="radio"/> Friend/Relative	<input type="radio"/> Medicaid
			<input type="radio"/> Partner Agency
			<input type="radio"/> SHIP Website
			<input type="radio"/> Other
Method of Contact:	Age:	Race:	Client Monthly Income for 2021:
<input type="radio"/> Phone call	<input type="radio"/> under 65	<input type="radio"/> American Indian or Alaska Native	\$1,630 / individual \$2,198 / couple
<input type="radio"/> In Person (site)	<input type="radio"/> 65-74	<input type="radio"/> Asian	<input type="radio"/> Less than above
<input type="radio"/> In Person (client's home)	<input type="radio"/> 75-84	<input type="radio"/> Black or African American	<input type="radio"/> More than above
<input type="radio"/> Email	<input type="radio"/> 85 or older	<input type="radio"/> Hispanic or Latino	
<input type="radio"/> Mail / Fax		<input type="radio"/> White, Non-Hispanic	
<input type="radio"/> WebEx		<input type="radio"/> Other	
Receiving or Applying for Medicare due to Disability:	Gender:	Primary Language:	Client Assets for 2021:
<input type="radio"/> Yes	<input type="radio"/> Female	<input type="radio"/> Other	\$14,790 / individual, \$29,520 / couple
<input type="radio"/> No	<input type="radio"/> Male	<input type="radio"/> English	<input type="radio"/> Less than above
			<input type="radio"/> More than above

Section 3 - Topics Discussed

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

<p><u>Medicare (Parts A & B):</u></p> <p><input type="radio"/> Appeals/Grievances/Quality of Care</p> <p><input type="radio"/> Eligibility, Benefit Explanation</p> <p><input type="radio"/> Claims/Billing</p> <p><input type="radio"/> Enrollment/Disenrollment</p> <p><input type="radio"/> Fraud & Abuse</p> <p><u>Medicare Supplement/Medigap:</u></p> <p><input type="radio"/> Benefits Explanation</p> <p><input type="radio"/> Claims/Billing</p> <p><input type="radio"/> Eligibility</p> <p><input type="radio"/> Fraud and Abuse, Marketing Complaints</p> <p><input type="radio"/> Plan Non-Renewal</p> <p><input type="radio"/> Plan Comparison</p> <p><u>Medicare Advantage:</u></p> <p><input type="radio"/> Appeals/Grievances</p> <p><input type="radio"/> Claims/Billing</p> <p><input type="radio"/> Disenrollment</p> <p><input type="radio"/> Eligibility, Benefits</p> <p><input type="radio"/> Enrollment</p> <p><input type="radio"/> Fraud and Abuse, Marketing Complaints</p> <p><input type="radio"/> Plan Comparison</p>	<p><u>Medicare Prescription Drug Coverage:</u></p> <p><input type="radio"/> Appeals/Grievances</p> <p><input type="radio"/> Benefits</p> <p><input type="radio"/> Claims/Billing</p> <p><input type="radio"/> Disenrollment/Non-Renewal</p> <p><input type="radio"/> Eligibility</p> <p><input type="radio"/> Enrollment</p> <p><input type="radio"/> Appeals/Grievances</p> <p><input type="radio"/> Fraud and Abuse, Marketing Complaints</p> <p><input type="radio"/> Plan Comparison</p> <p><u>Part D Low Income Subsidy (LIS/Extra Help):</u></p> <p><input type="radio"/> Application Submitted</p> <p><input type="radio"/> Benefits Explanation</p> <p><input type="radio"/> Claims/Billing</p> <p><input type="radio"/> Eligibility/Screening</p> <p><input type="radio"/> LINET / BAE</p> <p><u>Other Prescription Assistance:</u></p> <p><input type="radio"/> Manufacturer Programs/Discount Plans</p> <p><input type="radio"/> Military Drug Benefits</p> <p><input type="radio"/> Employer/Retiree Plan</p>	<p><u>Medicaid (Heritage Health):</u></p> <p><input type="radio"/> Medicaid Application Assistance</p> <p><input type="radio"/> Benefit Explanation</p> <p><input type="radio"/> Claims/Billing</p> <p><input type="radio"/> Eligibility</p> <p><input type="radio"/> Fraud and Abuse</p> <p><input type="radio"/> Other</p> <p><u>Other:</u></p> <p><input type="radio"/> Employer Health Benefits</p> <p><input type="radio"/> COBRA</p> <p><input type="radio"/> Long Term Care (LTC) Insurance</p> <p><input type="radio"/> LTC Other</p> <p><input type="radio"/> Other Health Insurance</p> <p><input type="radio"/> Retiree Health Benefits</p> <p><input type="radio"/> TRICARE for Life</p> <p><input type="radio"/> VA Benefits</p> <p><input type="radio"/> Other (Prevention, Online Tools, CHIP, etc.)</p> <p><input type="radio"/> Dental/Vision</p> <p><input type="radio"/> New Medicare Card</p>
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Section 4 - Session Completion

Total Time Spent:	Did You Enroll in Part D?	Non Part D Savings
_____ hours _____ minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Saved: \$ _____
Status: (check only one)	Old Plan Yearly Total: \$ _____	Reason for Savings: _____
<input type="radio"/> In Progress <input type="radio"/> Complete	New Plan Yearly Total: \$ _____	
	Enrollment Confirmation: _____	