

MEDICARE WORKSHEET

Date of Appointment:

Call Zoom In-Person

Name:

Zip Code:

County:

Date of Birth:

| Medicare | Hospital | Indemnity | Homecare | Cancer Policy |
|---|--|------------------------------|---|---|
| <p>Year:</p> <p>Plan:</p> <p>MOOP:</p> <p>Benefits:</p> | <p>You pay copays for year_____</p> <p>Hospital:</p> <p>Skilled Nursing & Rehab:</p> <p>Ambulance:</p> | <p>Recommended Coverage:</p> | <p>Medicare has a 21/day episode PT/OT 28 min/2x a week 1-2 RN visits a week at beginning and end of episode</p> <p><u>Must.be.homebound</u></p> <p><u>No.custodial.care</u></p> <p>Plan</p> <p>A B C</p> | <p>Covers</p> <p>-Your MOOP maximum from column 1</p> <p>-Recommended 19,000 genome test (Medicare only covers 400 at stage 3 and 4)</p> |
| <p>Recommended plan for plan year _____</p> | <p>Outpatient Surgery:</p> <p>Therapy (outside home):</p> | | <p>Long-Term Care?</p> <p>Yes No</p> <p>RX yearly maximum reimbursement level:</p> | <p>Monthly premium:</p> <p>-</p> <p>GTL Precision cancer plan = \$5,000 lump sum payment and 2nd payment up \$5,000 with genome testing \$100 for annual wellness check-up</p> |
| <p>Part B premium:</p> <p>Premium for plan:</p> | | <p>Monthly Premium:</p> | <p>Monthly Premium</p> <p>- RX annualized reimbursement</p> <hr/> <p>Net cost Month =</p> | <p>Net Cost:</p> <p>(per policy guidelines)</p> |
| <p>Premium:</p> | <p>Premium:</p> | <p>Premium:</p> | <p>Premium:</p> | <p>Premium:</p> |
| <p>TOTAL PREMIUM:</p> | | | | |