



ASB Financial

Confidential Medicare Needs Analysis

Client Name _____

DOB _____

Address _____ City _____ Zip _____

Medicare # _____ Part A Eff _____ Part B Eff _____

Medicaid/LIS? Yes No Snow Birds/Travel? _____

Current Company _____ Plan Code _____

Are there any parts of the current plan they are unhappy with?

Any of the following health conditions?

Diabetes: _____ Lung Issues: _____ Heart Issues: _____

Are there any benefits of particular interest?

Dental Vision Hearing Hospital Gym/Fitness Pharmacy Cash

Other: _____

Name of Doctor	Specialty	Must?
1		
2		
3		
4		
5		
6		
7		
8		

Name of Drug	Strength (mg., liter, drops...)	Quantity Prescribed	Form (tablet, capsule or injection?)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Other Notes
