MinnesotaBenefitAssociation.org

Minnesota Benefit Association
6701 Upper Afton Rd St Paul, MN 55125
651-358-2990

Medicare Needs Analysis form 2021

Member Profile:

Name: _____ DOB: _____

Street: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____

Email: _____

1. Do you currently have Medicare Part A or Part B? ☐ Yes ☐ No

   Medicare ID #: _____

   1a. Medicare Part A effective date: _____

   1b. Medicare Part B effective date: _____

2. List your current prescriptions. Please include drug name (generic/brand), dosage in milligrams (MG), tablet or capsules and quantity that you take per month.

Name of Rx	Dosage/MG	Tabs/Caps	Quantity per month

**If necessary, include separate page.*

Please complete and return to Minnesota Benefit Association or bring to your appointment

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Your Current Providers	Yes	No	If yes, complete
4. Do you have a Primary Care Physician (PCP)? Visits in last 12 months: _____	☐	☐	Physician Name: _____ Clinic: _____ City, State: _____
5. Do you currently see a specialist? Visits in last 12 months: _____	☐	☐	Specialist Name: _____ Clinic: _____ City, State: _____
6. Do you have preferred hospital? Visits in last 12 months: _____	☐	☐	Name: _____ State: _____
7. Do you have a preferred pharmacy? Visits in last 12 months: _____	☐	☐	Name: _____ State: _____

**If necessary, include separate page.*

Needs Questionnaire	Yes	No
8. Do you have End Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS)?	☐	☐
9. Do you receive any injections/treatments at a Clinic or Hospital?	☐	☐
9a. Description: _____		
10. Are you willing to look at health plan options that do not include your current provider(s)?	☐	☐
11. Do you live in a long-term care or skilled nursing facility?	☐	☐
12. Do you currently receive health or drug coverage through the VA, Union, current or a former employer?	☐	☐
13. Do you live part-time in another state?	☐	☐
15a. If yes, how many months of the year? ☐ 3 months ☐ 6 months ☐ 9 months		

Additional Info:

_____

_____

_____

_____

_____

_____

REMINDER: You must continue to pay your Medicare Part B premiums regardless of which Medicare Supplement or Advantage plan you choose.

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