

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

## **Medicare Needs Analysis form 2025**

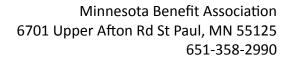
Mem	ber P	rofile	5

	Name:	_ DOB:	
	Street:		
	City:County:		
	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 (generi	c/brand). dosage in mill	igrams (MG).

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

<sup>\*</sup>If necessary, include separate page.





Yo	ur 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 r	If necessary include senarate nage				

Ne	eds Questionnaire	Yes	No		
8.	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	10. Are you willing to look at health plan options that do not include your current provider(s)?				
11	11. Do you live in a long-term care or skilled nursing facility?				
12	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				
Add	itional Info:				

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

If necessary, include separate page.