

# Needs Analysis *for Medicare Beneficiaries*

Client Name \_\_\_\_\_

Date \_\_\_\_\_

1. Do you feel like your current health plan is meeting your needs?

Please check all of the boxes for plans that you may have, or coverage that your existing plan has:

**Dental**

**Vision**

**Hearing**

**Extended Hospital Stays**

**Long-Term Care Coverage**

**Nursing Home Coverage**

**Health Savings Account**

**Emergency Room Visits**

**Accidents**

**Cancer/Heart Attack/Stroke**

**Final Expenses**

**College Tuition**

**Catastrophic Event Coverage**

**Telemedicine Coverage**

Providing this information is completely voluntary and not a requirement. Information collected is used to help identify any current and future needs for your medical and financial situation. All information recorded is completely confidential.

# **Needs Analysis** *for Medicare Beneficiaries*

**2. Do you feel like your current plan is affordable?**

**3. Are all of the providers and hospitals you regularly see in your current network?**

**4. Has your financial situation changed in the past year?**

**5. Has your medical condition changed in the past year?**

Providing this information is completely voluntary and not a requirement. Information collected is used to help identify any current and future needs for your medical and financial situation. All information recorded is completely confidential.

## **Needs Analysis** *for Medicare Beneficiaries*

**6. Do you have a savings account to cover an unexpected event that would require a long hospital stay or long-term care?** (Average 5-day hospital stay is \$10,000 and does not include major procedures, ambulance fees, or other charges)

**7. Do you have a savings account to help cover the cost of your child's tuition?** (Average cost of tuition and fees vary; 2018-2019 average annual tuition was \$35,676 at private colleges, \$9,716 for state residents at public colleges, and \$21,629 for out-of-state students at state schools - source, US News)

Providing this information is completely voluntary and not a requirement. Information collected is used to help identify any current and future needs for your medical and financial situation. All information recorded is completely confidential.

# **Needs Analysis** *for Medicare Beneficiaries*

**8. Do you have a savings account to help cover the cost of a root canal?**

(Average cost = \$700 - \$1,400)

**9. Do you take prescription medications?**

**10. Do you have any expected medical procedures?**

**11. Do you have any additional services required?**

(chiropractic care, mental health, physical therapy, etc.)

Providing this information is completely voluntary and not a requirement. Information collected is used to help identify any current and future needs for your medical and financial situation. All information recorded is completely confidential.

# Needs Analysis *for Medicare Beneficiaries*

## **12. Do you or anyone in your family have risk of cancer?**

(Average cost of cancer treatment: one round of chemotherapy averages around \$60,000 for an eight-week period, other medications average \$10,000 per month)

## **13. Do you live part time in another state or travel frequently?**

## **14. Do you currently receive health coverage through a former employer or organization?**

## **15. What is your current household income?**

Providing this information is completely voluntary and not a requirement. Information collected is used to help identify any current and future needs for your medical and financial situation. All information recorded is completely confidential.

# **Needs Analysis** *for Medicare Beneficiaries*

**Notes**

**Agent Recommendations**

Providing this information is completely voluntary and not a requirement. Information collected is used to help identify any current and future needs for your medical and financial situation. All information recorded is completely confidential.