State Health Insurance Assistance Program (SHIP) SMP CLIENT CONTACT DATA SHEET					
	ow did client learn al				ry Language is
	Previous Contact	Another A	Igency	English	
	CMS / Medicare	Friend/Re	elative	Other T	han English
Counseling Location Zip Code:	Presentations	Media		Not Col	lected
	Mailings State Website	□ ADRC Pa □ Not Colled		1	
*Date of Contact: *First vs Continuin	g Contact: *Ty	pe of Contac	:t:		*Time Spent:
First Contact for Iss	_	Telephone		Mail or Fax	h a una maina uta a
☐ month / day / year ☐ Continuing Contact Date Taken Left: ☐ Returned Call	s for Issue	In-Person (site In-Person (ho	, —		hoursminutes
				Joage	
COMMENTS					
Representative's Name:		*Client St	reet Address/0	City/State/	Zip Code:
First	Last				
T not	Last	Client Tele	lient Telephone #:		
*Client Age Group:	*Client Monthly		*Client Asset	S	*Client Race / Ethnicity
	□ Below 150%		Below LIS A	Asset Limits	Hispanic, Latino or Spanish
□ under 65 □ 65-74 □ Not Collected	\$1,396 for sin		\$13,070 for an		White, Non-Hispanic
□ 75-84 □ 85 or older	\$1,891 for a c	couple	\$26,120 for a c		Black, African American
	☐ At or greater that	n 150% of FPL	□ Above LIS A		 American Indian Alaska Native
*Client Gender:	*Disabled:	*	Dual Eligible w/		
□ Female	□ Yes		□ Yes		Other Race/Ethnicity
	🗆 No		□ No		Not Collected
Not Collected	Not Collected		Not Collecte	ed	
*Topics Discussed (Check all that apply) Prescription Assistance: Medicare (Parts A and B) Medigap/Supplement/Select:					
Medicare Prescription Drug Coverage (Part D):		is A and b)			Eligibility/Screening
□ Eligibility/Screening	Benefit Ex	planation			Benefit Explanation
Benefit Explanation	Claims/billing				Plans Comparison
Plans Comparison	Appeals/G			Claims/Billing	
Plan Enrollment/Disenrollment	Errors, Fraud and Abuse Appeals/Grievances Guality of Case				
	Quality of Care Errors, Fraud and Abuse Marketing (Salaa Complete or Jacuar)				
Appeals/Grievances	Medicare Advantage (HMO, PPO, PFFS, SNP):				
 Errors, Fraud and Abuse Marketing/Sales Complaints or Issues 	□ Eligibility/Screening □ Plan Non-Renewal				
□ Quality of Care	Benefit Explanation				
□ Plan Non-Renewal	Plans Comparison Other:				
		Ilment/Disenroll	ment		Long Term Care (LTC) Insurance
Part D Low Income Subsidy (LIS/Extra Help):					LTC Partnership
Eligibility/Screening	Appeals/Grievances				LTC Other
 Benefit Explanation Application Assistance 	 Errors, Fraud and Abuse Marketing/Sales Complaints or Issues 				Military Health Benefits Federal Employee Health Benefits (FEHB)
Claims/Billing	□ Quality of Care				Indian Health Services (IHS/CHS)
Appeals/Grievances	 Quality of Care Plan Non-Renewal 				COBRA
	Social Security Benefits				
Other Prescription Assistance:	Medicaid				
Union/Employer Plan	Medicare Savings Prog Screening (QMB/SLMB/QI-1)				
 Military Drug Benefits Manufacturer Programs 	MSP Application Assistance Status: General Information and Referral				
 Manufacturer Programs State Pharmaceutical Assistance Programs 	 ALTCS Screening ALTCS Application Assistance General Information and Referral Detailed Assistance - In Progress 				
☐ Other	Medicaid/QMB Claims Detailed Assistance - Fully Completed				
	Erors, Fraud and Abuse Problem Solving/Resolution - In				
	AHCCCS Problem Solving/Resolution-Fully Complete				
Nationwide and CMC Cresicil Use Fields	Chat	nd Local Creation			
Nationwide and CMS Special Use Fields0102030405060708	09 10 01	nd Local Specia 02 03 04		7 08 09	9 10

Please submit forms to ITCA-PBO office upon completion. Fax: (602) 258-4825 - Email: Stephanie.Barehand@itcaonline.com