

Agent Home Visit Checklist

Agent: _____

Date: _____

Name of Person Visited: _____

Does anyone hold a Power of Attorney who can make a decision for you? Yes No

If Yes, please fill in the name, phone number and relationship to you.

Name: _____ Phone: _____ Relationship: _____

Introduction

- Name/Card
- Company name

Getting Started

- Providence Medicare Advantage Plans is an HMO, HMO-POS, and HMO SNP plan with a Medicare and Oregon Health Plan contract. Enrollment in Providence Medicare Advantage Plans depends on contract renewal.
- People with ESRD cannot enroll (exceptions may apply)
- Members must reside in the service area
- Members must have Medicare Part A and B
- Members must continue to pay Medicare Part B premium

Summary of Benefits

- PCP copay
- Hospital copay
- Specialist copay
- Other copays

Other Benefits

- Silver&Fit
- Supplemental dental
- Vision
- Supplemental vision (Prime + RX Only)

Referrals

- In-network
- Referrals required by PCP

Medicare Part D Prescriptions

- Copays
- Mail order
- Formulary
- MTM
- Initial coverage limit
- Transition process
- Coverage gap
- Step Therapy
- TROOP

PCP Selection

Current Patient Yes No

Confirm in-network Yes No

The person that is discussing plan options with you is either employed or contracted with Providence Medicare Advantage Plans and may be compensated based on your enrollment in a plan. By signing this form, you acknowledge and agree that the information above adequately was explained to you.

Beneficiary Signature _____ Phone: _____

Power of Attorney Signature _____ Agent Signature _____