AF · ADVOCATE FINANCIAL

NEADS Appointment Worksheet

AGENT FIELD FORM

A consultative needs analysis to complete *with* the beneficiary — Needs · Eligibility · Advantages · Details · Specials

BENEFICIARY NAME _____ DATE OF BIRTH _____ BEST PHONE _____

COUNTY / ZIP _____ APPOINTMENT DATE _____ AGENT NAME / NPN _____

REFERRAL SOURCE / LEAD _____

SOA ON FILE ☐ Yes ☐ No

! **Compliance reminder.** Confirm a valid **Scope of Appointment** before discussing plans, and stay within it. Use **open-ended, consultative questions** and verify facts against plan tools — do **not** ask a beneficiary to list their prescriptions to steer a plan; instead check the plan's **formulary / drug-lookup**. Never guarantee coverage or costs; quote plan documents.

N Needs

HEALTH, LIFESTYLE & SERVICE REQUIREMENTS

Medications & formulary check — verify current Rx against the plan's formulary / drug-lookup tool

Health history — chronic conditions, recent surgeries, ongoing / special care

Frequency of care — PCP, specialists, therapy

Preferred providers & pharmacy

In-network check completed? ☐ Yes ☐ No Notes: _____

Special needs flags

☐ ESRD ☐ Behavioral health ☐ Hearing ☐ Vision ☐ Long-term care ☐ Other: _____

E Eligibility

CONFIRM MEDICARE & OTHER COVERAGE STATUS

Part A enrolled ☐ Y ☐ N **Part B enrolled** ☐ Y ☐ N **Permanent address 6+ months** ☐ Y ☐ N

ESRD status ☐ No ESRD ☐ ESRD — route to eligible SNP / guidance

Other coverage & assistance — Medicaid, VA/TRICARE, employer/retiree, LIS (Extra Help)

☐ Medicaid / dual ☐ VA / TRICARE ☐ Employer / retiree ☐ LIS / Extra Help

A Advantages
MATCH PLAN BENEFITS TO THE BENEFICIARY'S NEEDS

Medical coverage fit — in-network providers, specialist access, telehealth

Prescription drug coverage — formulary tier fit & cost-sharing

Supplemental benefits used

☐ Dental ☐ Vision ☐ Hearing ☐ Behavioral

Extra perks that matter to them

D Details
SPECIFIC PLAN FACTS — QUOTE FROM PLAN DOCUMENTS

PREMIUM	DEDUCTIBLE	PCP / SPEC. COPAY	MOOP

Provider & pharmacy network confirmed

☐ Yes ☐ No — plan:

Prior authorization / referrals noted

☐ Yes ☐ No ☐ N/A

Enrollment period & effective date

☐ AEP ☐ OEP ☐ ICEP / IEP ☐ SEP — reason:

S Specials
UNIQUE CIRCUMSTANCES & SPECIAL PROGRAMS

Special Needs Plan (SNP) eligibility

☐ D-SNP (dual) ☐ C-SNP (chronic) ☐ I-SNP (institutional) ☐ Not applicable

Extra Help / LIS & MSP

☐ Applied ☐ Refer

Veteran / other programs

Recommendation & Next Steps

Plan recommended & why it fits their needs

Action items / documents needed

Follow-up date & method