



Pre-Consultation Planner

Complete this worksheet before speaking with a Local Licensed Agent

Answer these 10 questions to prepare for your consultation

- 1 Do you have Medicare Part A and Part B? _____
- 2 Do you have Medi-Cal/Medicaid? _____
- 3 Medications (name, dosage, number per day): _____

- 4 Primary Care Physician name: _____
- 5 Specialist name and practice: _____
- 6 Preferred Pharmacy: _____
- 7 Preferred hospital for elective surgeries: _____
- 8 Do you use any durable medical equipment? _____
- 9 Do you use diabetic supplies? _____
- 10 Apart from doctors and medications, what's most important to you in your healthcare coverage?

