



BizCoWorks Insurance
MEDICARE ADVISORY SERVICES

CLIENT INTAKE • 2026

Client Information Sheet

Completing this form is **not mandatory** — but your answers help us determine eligibility for a Chronic Condition or Special Enrollment Period.

BENEFIT ADVISOR

Enter advisor name

1 CLIENT PROFILE

FIRST NAME

MIDDLE NAME

LAST NAME

DATE OF BIRTH

MM / DD / YYYY

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

EMAIL ADDRESS

*By submitting this information, client consents to be added to the **National Do Not Call List** registry maintained by BizCoWorks Insurance.*

2 MEDICARE INFORMATION

MEDICARE #

MEDICAID #

PART A EFFECTIVE DATE

MM / DD / YYYY

PART B EFFECTIVE DATE

MM / DD / YYYY

PRIMARY DOCTOR

SPECIALIST DOCTOR(S)

PRESCRIPTION(S)

3 PLAN & HEALTH SNAPSHOT

Does client have a plan?

Yes

No

Is client diabetic?

Yes

No

Which card does client have?

PPO

HMO

Does client have heart disease?

Yes

No

If yes, what kind of plan?

Is client a veteran?

Yes

No

What company is the client with?

Humana

Blue Cross

United Health

Aetna

Cigna

WellCare

Other

If veteran, please list any related conditions

” All information provided is confidential and used solely to evaluate Medicare enrollment eligibility and coverage options. **No plan sale or recommendation is made by the Benefit Advisor completing this intake.**

CLIENT SIGNATURE

DATE

SERVICING **50 STATES**

P: (____) ____-____ · BizCoWorks Insurance