



Needs Analysis *for Medicare Beneficiaries*

Client Name _____

Date _____

1. Do you feel like your current health plan is meeting your needs?

Please check all of the boxes for plans that you may have, or coverage that your existing plan has:

Dental

Vision

Hearing

Extended Hospital Stays

Long-Term Care Coverage

Nursing Home Coverage

Health Savings Account

Emergency Room Visits

Accidents

Cancer/Heart Attack/Stroke

Final Expenses

College Tuition

Catastrophic Event Coverage

Telemedicine Coverage

Providing this information is completely voluntary and not a requirement. Information collected is used to help identify any current and future needs for your medical and financial situation. All information recorded is completely confidential.

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2. Do you feel like your current plan is affordable?

3. Are all of the providers and hospitals you regularly see in your current network?

4. Has your financial situation changed in the past year?

5. Has your medical condition changed in the past year?

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6. Do you have a savings account to cover an unexpected event that would require a long hospital stay or long-term care? (Average 5-day hospital stay is \$10,000 and does not include major procedures, ambulance fees, or other charges)

7. Do you have a savings account to help cover the cost of your child's tuition? (Average cost of tuition and fees vary; 2018-2019 average annual tuition was \$35,676 at private colleges, \$9,716 for state residents at public colleges, and \$21,629 for out-of-state students at state schools - source, US News)

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8. Do you have a savings account to help cover the cost of a root canal?

(Average cost = \$700 - \$1,400)

9. Do you take prescription medications?

10. Do you have any expected medical procedures?

11. Do you have any additional services required?

(chiropractic care, mental health, physical therapy, etc.)

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12. Do you or anyone in your family have risk of cancer?

(Average cost of cancer treatment: one round of chemotherapy averages around \$60,000 for an eight-week period, other medications average \$10,000 per month)

13. Do you live part time in another state or travel frequently?

14. Do you currently receive health coverage through a former employer or organization?

15. What is your current household income?

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Notes

Agent Recommendations

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