



Ready to Evolve Your Medicare Experience? You've come to the right place! To make sure we are able to address all of your needs and answer your questions please complete your client intake form with your current prescriptions including (name, dosage and quantity per month), preferred pharmacy, and a list of your current doctors including dentist, eye doctor and audiologist (if applicable).

WHAT DO I BRING TO MY APPOINTMENT?

- Your Medicare ID Card (red, white and blue card).
- Your Evolve Insurance Group Client Intake Form/Current list of prescriptions (name, dosage and quantity) and physician list.
- Any information regarding your current Medicare insurance, private insurance or employer/group coverage .



EVOLVE INSURANCE GROUP CLIENT INTAKE FORM

NAME

PHONE NUMBER **EMAIL ADDRESS**

ADDRESS

MEDICATION NAME	DOSAGE	QUANTITY	GENERIC FORM (Y/N)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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DOCTOR NAME	TYPE OF DOCTOR	FACILITY
<input type="text"/>	<input type="text"/>	<input type="text"/>
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CURRENT HEALTHCARE COVERAGE: _____

PREMIUM: \$

mo / qtr / semi-annual / annual