

## Medicare Plan Finder Intake Form (Revised 01/27/2017)

To troubleshoot any potential plan finder problems, we need to collect the following information. Required fields are shaded below and also indicated by an asterisk (\*). If you have an inquiry about specific plans or pricing, please provide complete all fields on this form.

<b>1.</b>	<b>Date of reported problem:*</b>	<b>2.</b>	<b>Time of reported problem:*</b>
<b>3.</b>	<b>Has the problem been replicated?* If so, when?*</b>		
<b>4.</b>	<b>Which search did you use?*</b>	<input type="checkbox"/>	<i>General Search</i>
		<input type="checkbox"/>	<i>Personalized Search</i>
<b>5.</b>	Zip Code:	County (if plan covers more than one)	
<b>6.</b>	<b>At which step are you reporting a problem?*</b>		
	<i>Enter Information Page</i>		
	<i>Enter Your Drugs Page</i>		
	<i>Select Your Pharmacies Page</i>		
	<i>Refine Your Results Page</i>		
	<i>Your Plan Results Page</i>		
	<i>Your Plan Comparison Page (Overview, Plan Benefit, Drug Costs and Coverage, or Plan Ratings?)</i>		
	<i>Your Plan Details Page (Overview, Plan Benefit, Drug Costs and Coverage, or Plan Ratings?)</i>		
<b>7.</b>	<b>Subsidy Level:*</b>		
	<i>Full Benefit Dual Eligible (Medicare &amp; Medicaid)</i>		
	<i>Extra Help -I pay the following percentage for my monthly prescription drug plan premium:</i>		
	<input type="radio"/>	0%	<input type="radio"/>
	<input type="radio"/>	25%	<input type="radio"/>
	<input type="radio"/>	50%	<input type="radio"/>
	<input type="radio"/>	75%	
	<i>Not Applicable</i>		
<b>8.</b>	Drug List ID:		
<b>9.</b>	Password date:		
<b>10.</b>	Name, dosage and quantities of the drug(s) in question:		
	Drug Name	Dosage	Drug Quantity
	Frequency		
<b>11.</b>	Provide Plan Name(s) or Contract ID(s) and Plan ID(s) (format:S1234-001 or H1234-001):		
	Plan Name(s)	Contract ID(s)	Plan ID(s)
<b>12.</b>	<b>Web page(s) title:*</b>		
<b>13.</b>	<b>Provide detailed description of the problem:*</b>		