

Date: \_\_\_\_\_

## Referral to SHIBA

Please call SHIBA at \_\_\_\_\_ (site),  
\_\_\_\_\_ (phone number) for an appointment to help you with the following:

### Medicare

- \_\_\_ Explain eligibility, enrollment, benefits
- \_\_\_ Claims/appeals

### Medicare Supplement Ins.

- \_\_\_ Explain
- \_\_\_ Change, suspend, drop coverage

### Medicare Drug Coverage

- \_\_\_ Compare plans
- \_\_\_ Enroll/Disenroll
- \_\_\_ Claims
- \_\_\_ Exception/appeal

### Medicare Advantage

- \_\_\_ Explain plan
- \_\_\_ Enroll/Disenroll
- \_\_\_ Claims
- \_\_\_ Appeals

### Financial Assistance with Rxs

- \_\_\_ LIS Application
- \_\_\_ Patient Assistance Programs

### Other (Explain)

\_\_\_\_\_  
\_\_\_\_\_

### DHS information which may be needed:

#### Program Enrollment

#### Effective Date

\_\_\_\_\_

\_\_\_\_\_

(Indicate if individual has applied for a program but eligibility has not yet been determined.)

### Medicare Part D Information:

If auto-enrolled in a Part D Plan—

Name of Plan \_\_\_\_\_

Effective Date \_\_\_\_\_

APD Contact Name \_\_\_\_\_

APD Contact Phone \_\_\_\_\_ Email \_\_\_\_\_