Section 5

Health

NOTE Please read the extensive educational information in Section 5 of the **Family Resource Guide**. This is a mini-MBA in health care issues for the aging.

First Patient:

Ν	а	n	n	e	:	

Allergies:_____

Blood Type:

Pertinent Medical History:

Physician's name:

Name of Practice:	
Telephone #:()	
Address:	
Email Address:	
Specialty:	Account#:
For those on Medicare:	Do they accept Medicare Assignment?Does office bill your
supplemental insurance?	Does Medicare automatically inform your supplemental?

Physician's name:

· · · · · · · · · · · · · · · · · · ·		
Name of Practice:		
Telephone #:(
Address:		
Email Address:		
Specialty:	Account#:	
For those on Medic	care: Do they accept Medicare Assignment?	Does office bill your

supplemental insurance? _____ Does Medicare automatically inform your supplemental?

Physician's name:_____

Name of Practice:		
Telephone #:()		
Address:		
Email Address:		
Specialty:	Account#:	
For those on Medic	care: Do they accept Medicare Assignment?	Does office bill your

supplemental insurance? _____ Does Medicare automatically inform your supplemental?

Physician's name	:
Name of Practice	·
Telephone #:()
Address:	
Email Address:	
Specialty:	Account#:
For those on Med	licare: Do they accept Medicare Assignment?Does once bill your
supplemental insu	urance?Does Medicare automatically inform your supplemental?
Dhuaiaian'a nama	
Name of Practice	: <u> </u>
Telephone #·(:
Address)
Email Address	
Specialty:	Account#: licare: Do they accept Medicare Assignment?Does office bill your
For those on Med	licare: Do they accent Medicare Assignment? Does office hill your
supplemental inc	urance?Does Medicare automatically inform your supplemental?
supplemental inst	
Physician's name	:
Name of Practice	
Telephone #:()
Address:	,
Email Address:	
Specialty:	Account#: licare: Do they accept Medicare Assignment?Does office bill your
For those on Med	licare: Do they accept Medicare Assignment? Does office bill your
supplemental insu	urance?Does Medicare automatically inform your supplemental?
Physician's name	:
Name of Practice	:
Telephone #:()
Address:	
Email Address:	
Specialty:	Account#:
For those on Me	edicare: Do they accept Medicare Assignment? Does office bill your
supplemental ins	urance? Does Medicare automatically inform your supplemental?
Pharmacy name:	
Address:	
Telephone# : ()FAX #:()
Email Address:	
Account #: :	

(Did you know that you can contact your pharmacy and request a printout of all prescription drugs that were purchased in the prior year? This will give you the amount of out-of-pocket expenses with that pharmacy for your tax return. Contact them after January 1st.)

Children's Physicians:

Blood Type:			
Pertinent Medic	al History:		
Location of List	of Current Medications:		
Physician's nam	e:		
Name of Practic	e:		
Telephone #:()		
Address:			
Address:			
Specialty:		Account#:	
Name of Practic	e		
Telephone # ()		
Address:			
Address:			
Address:		Account#:	
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Address: Specialty: Physician's nam	e:	Account#:	
Address: Specialty: Physician's nam Name of Practic	e:	Account#:	
Address: Specialty: Physician's nam Name of Practic Telephone #:(e: e:	Account#:	
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