

# VICAP INFORMATION FORM

DATE \_\_\_\_\_

## Client Name and Demographic Information

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

County or City of Residence: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicare Claim #: \_\_\_\_\_ "A" Effective Date: \_\_\_\_\_

"B" Effective Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender:  Male  Female

Race Status:  White or Caucasian Only  African American Only  Two of More Races Combined

Asian Only  Native Hawaiian or Pacific Islander Only  Some Other Race Only

American Indian or Alaskan Native Only

Hispanic Origin:  Hispanic or Latino  NOT Hispanic or Latino

## Physical Environment and Financial Resources

Client lives alone:  Yes or  No Number of Members in Immediate Family: \_\_\_\_\_

Lives In a Group Home/NF/ALF  YES

Monthly Income \$ \_\_\_\_\_ Client \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ TOTAL

DO YOU HAVE:  Medicaid  LIS  MSP

Original Medicare or  Medicare Advantage Plan (C) \_\_\_\_\_  
Preferred Pharmacy \_\_\_\_\_

### Notes:

Original PDP / MA-PDP Costs

\$ \_\_\_\_\_

New PDP / MA-PDP Costs

\$ \_\_\_\_\_

### MY MEDICARE

Username: \_\_\_\_\_

Password: \_\_\_\_\_