INTAKE FORM

VIKAST
INSURANCE SERVICES

This information will be used to find the most qualified plan that meets your needs and delivers the services you require for a healthy and active life. Be sure that you complete the form as thoroughly as possible.

First name:	Last Name:		
Address number and street name:	City:	State:	Zip:
Phone number: ☐ Cell phone ☐ Home Phone	E-mail:		Date of birth:
Medicare ID number:	Medi-Cal/ MediCaid ID number (if applicable):	Medi-Cal/MediCaid State:	
Medical Group assigned:			
Primary Care Physician Name:	Primary Physician address:		
Dental office Name:	Dental Office address:		

Please list all additional physicians that you are currently seeing:

Physician Name:	Specialty (e.g., Cardiologist):

Do you have any of the following Chronic conditions?

1. Congestive Heart Failure: ☐ Yes ☐ No
2. Coronary Artery Disease: ☐ Yes ☐ No
3. Cardiac Arrhythmia: ☐ Yes ☐ No
4. Peripheral Vascular Disease: ☐ Yes ☐ No
5. Chronic Venous Thromboembolic Disorder: ☐ Yes ☐ No
6. Diabetes: ☐ Yes ☐ No

Please list any medications you are currently taking:

Name:	Dose:	Monthly Quantity:

Do you have Power of Attorney (POA) or Appointment of Representation? ☐ Yes ☐ No

First Name and Last Name:

Address, City, State, Zip Code:

Phone Number:

Relationship to the applicant:

Preferred Language:

☐ English ☐ Spanish ☐ Other (please specify): _____

Please mark all items in the additional services section below according to your needs:

Additional services	Must have	Would like to have	Optional
Part B Premium Rebate Allowance	☐	☐	☐
Gym Membership	☐	☐	☐
Diabetic Supplies	☐	☐	☐
Dental/Vision	☐	☐	☐
Hearing Aids Coverage	☐	☐	☐
Over-The-Counter Allowance	☐	☐	☐
Grocery Allowance	☐	☐	☐
Air Purifier/Humidifier	☐	☐	☐
Pet Services	☐	☐	☐
Pest Control	☐	☐	☐
Personal Emergency Response System (PERS)	☐	☐	☐
In-Home Support Services	☐	☐	☐
Transportation	☐	☐	☐

Other: _____

Once you complete this form please email it to **v.stubbs@vikast.com**. If you have any questions, please reach out to our services team at **1-877-784-5278** for further assistance.