



Navigating Medicare



Please return this completed form to SARCOA

1075 S. Brannon Stand Road, Dothan, AL 36305
Telephone: 334-793-6843
Email : joy.riddle@sarcoa.org

Form with multiple sections for personal information, Medicare details, household income, and current services. Includes fields for name, sex, birth date, Medicare number, social security number, address, and various benefit options.

I am enrolled in the following (check all that apply):

- List of insurance and benefit options with checkboxes: Original Medicare, Medicare Advantage, Medicare Supplement, Medicare Prescription Drug, Employee Plan, Retiree Plan, Federal Retiree, Railroad Retiree, State or Public Ed Retiree, Veterans Administration, TRICARE/ Champ VA, Medicaid.

Please read the following statements and initial each and sign/ date at the bottom:

Three statements for acknowledgment and signature: understanding of SHIP services, waiver of liability for Medicare plan selection, and disclaimer of warranty by SHIP/SARCOA/ADSS.

Client Signature: _____ Date: _____

