



## Your local SMP can:

**Work with you one-on-one** to examine your Medicare Summary Notices (MSNs) or Explanations of Benefits (EOBs) to determine potential fraud, errors, or abuse. They can contact providers to discuss billing issues and refer possible cases to the appropriate agencies or authorities.

**Educate people** in group presentations and at exhibits or events on how to avoid becoming victims of scams.

**Engage volunteers** to work with their peers and others to do this important work.

## Senior Medicare Patrols

### Senior Medicare Patrols (SMPs)

help people prevent, detect, and report Medicare fraud, errors, and abuse through outreach, counseling, and education. SMPs want you to:

#### **PROTECT** yourself from fraud by protecting your personal information

- Treat your Medicare, Medicaid, and other health care plan numbers like a credit card number.
- Don't believe callers who say they're from Medicare. In fact, Medicare will not call you or visit you to sell you anything!

## **DETECT** fraud, errors, and abuse

- Review your Medicare Summary Notices (MSNs) or Explanations of Benefits (EOBs) for mistakes. Compare them to prescription drug receipts and your record in this log.
- Look for:
  - Charges for something you didn't get
  - Billing for the same thing twice
  - Services that were not ordered by your doctor
- Visit [www.medicare.gov](http://www.medicare.gov) to access your Medicare account online.

## **REPORT** mistakes or questions

- If you notice mistakes, have questions, or notice suspicious charges, call your provider or insurance plan first.
  - If you are not satisfied with their response, report it to your local SMP.
- Find out more information at [www.smpresource.org](http://www.smpresource.org), 1-877-808-2468, or the SMP Medicare Tracker app.



# Instructions for Using My Health Care Tracker

1. Take this tracker with you to your medical appointments.
2. Record information from your appointments in this tracker. Include:
  - The date, length of visit (*such as 5, 15, 30, or 45 minutes*), medical provider, and reason for the visit
  - The names of the tests, (*such as X-rays, blood drawn, urine testing, ultrasound, and checked weight, height, and blood pressure*), equipment, or prescriptions
3. When your Medicare Summary Notice (MSN) or Explanation of Benefits (EOB) arrives, compare the information.

**Place a check mark** to the right of the entry **ONLY** if:

- The date, length of visit, medical provider, and reason for the visit match the MSN or EOB
- The names of the tests, equipment, or prescriptions on the MSN or EOB are the same names that you recorded in your tracker

**4.** Contact your provider or local Senior Medicare Patrol office if:

- You need assistance comparing your completed tracker with your MSN or EOB
- You've completed your comparison and identified boxes for which there are no check marks
- There are charges on your MSN or EOB for visits, tests, equipment, or prescriptions you didn't receive or were not ordered by your doctor
- You were billed twice for the same visit, test, equipment, or prescription



# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

## LENGTH OF VISIT (In person or virtual, in minutes)

- 0-5
- 5-15
- 15-30
- 30-45

## NOTES





**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---

---

---

---

---

---

---

---

---

---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

## LENGTH OF VISIT (In person or virtual, in minutes)

- 0-5     5-15     15-30     30-45

## NOTES







**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---



---



---



---



---



---



---



---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

## LENGTH OF VISIT (In person or virtual, in minutes)

- 0-5     5-15     15-30     30-45

## NOTES





**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---



---



---



---



---



---



---



---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

## LENGTH OF VISIT (In person or virtual, in minutes)

- 0-5     5-15     15-30     30-45

## NOTES





**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---



---



---



---



---



---



---



---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

## LENGTH OF VISIT (In person or virtual, in minutes)

- 0-5
- 5-15
- 15-30
- 30-45

## NOTES





**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---



---



---



---



---



---



---



---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

## LENGTH OF VISIT (In person or virtual, in minutes)

- 0-5     5-15     15-30     30-45

## NOTES







**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---

---

---

---

---

---

---

---

---

---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

## LENGTH OF VISIT (In person or virtual, in minutes)

- 0-5     5-15     15-30     30-45

## NOTES





**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---

---

---

---

---

---

---

---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

## LENGTH OF VISIT (In person or virtual, in minutes)

- 0-5     5-15     15-30     30-45

## NOTES





**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---



---



---



---



---



---



---



---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

## LENGTH OF VISIT (In person or virtual, in minutes)

- 0-5
- 5-15
- 15-30
- 30-45

## NOTES





**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---



---



---



---



---



---



---



---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

## LENGTH OF VISIT (In person or virtual, in minutes)

- 0-5
- 5-15
- 15-30
- 30-45

## NOTES







**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---

---

---

---

---

---

---

---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

## LENGTH OF VISIT (In person or virtual, in minutes)

- 0-5
- 5-15
- 15-30
- 30-45

## NOTES





**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---



---



---



---



---



---



---



---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

## LENGTH OF VISIT (In person or virtual, in minutes)

- 0-5
- 5-15
- 15-30
- 30-45

## NOTES





**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---

---

---

---

---

---

---

---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5     5-15     15-30     30-45

## NOTES





**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---

---

---

---

---

---

---

---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

## LENGTH OF VISIT (In person or virtual, in minutes)

- 0-5
- 5-15
- 15-30
- 30-45

## NOTES







**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---



---



---



---



---



---



---



---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- CT/PET/MRI
- Dialysis
- Medical Device (Ex: DME, brace)
- Medication
- Oxygen
- Shot (Ex: flu, pneumonia)
- Urine Test
- X-ray
- Other \_\_\_\_\_

# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

## LENGTH OF VISIT (In person or virtual, in minutes)

- 0-5
- 5-15
- 15-30
- 30-45

## NOTES





**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---

---

---

---

---

---

---

---

---

---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

## LENGTH OF VISIT (In person or virtual, in minutes)

- 0-5     5-15     15-30     30-45

## NOTES





**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---



---



---



---



---



---



---



---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

## LENGTH OF VISIT (In person or virtual, in minutes)

- 0-5
- 5-15
- 15-30
- 30-45

## NOTES





**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---

---

---

---

---

---

---

---

---

---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

# Appointment List



Date:

Provider Name:

Reason for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

## LENGTH OF VISIT (In person or virtual, in minutes)

- 0-5
- 5-15
- 15-30
- 30-45

## NOTES







**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---

---

---

---

---

---

---

---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

## LENGTH OF VISIT (In person or virtual, in minutes)

- 0-5     5-15     15-30     30-45

## NOTES





**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---

---

---

---

---

---

---

---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

## LENGTH OF VISIT (In person or virtual, in minutes)

- 0-5
- 5-15
- 15-30
- 30-45

## NOTES





**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---

---

---

---

---

---

---

---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

## LENGTH OF VISIT (In person or virtual, in minutes)

- 0-5     5-15     15-30     30-45

## NOTES





**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---

---

---

---

---

---

---

---

---

---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

## LENGTH OF VISIT (In person or virtual, in minutes)

- 0-5
- 5-15
- 15-30
- 30-45

## NOTES







**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---



---



---



---



---



---



---



---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

## LENGTH OF VISIT (In person or virtual, in minutes)

- 0-5
- 5-15
- 15-30
- 30-45

## NOTES





**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---

---

---

---

---

---

---

---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

## LENGTH OF VISIT (In person or virtual, in minutes)

- 0-5
- 5-15
- 15-30
- 30-45

## NOTES





**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---

---

---

---

---

---

---

---

---

---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

## LENGTH OF VISIT (In person or virtual, in minutes)

- 0-5     5-15     15-30     30-45

## NOTES





**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---

---

---

---

---

---

---

---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

# Appointment List



Date:

Provider  
Name:

Reason  
for Visit:

## RECEIVED

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen

**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5     5-15     15-30     30-45

## NOTES







**LENGTH OF VISIT (In person or virtual, in minutes)**

- 0-5
- 5-15
- 15-30
- 30-45

**NOTES**

---

---

---

---

---

---

---

---



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

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

Reason for Visit: \_\_\_\_\_

**RECEIVED**

- Blood Drawn
- Shot (Ex: flu, pneumonia)
- CT/PET/MRI
- Urine Test
- Dialysis
- X-ray
- Medical Device
- Other \_\_\_\_\_
- (Ex: DME, brace)
- Medication
- Oxygen



## NOTES

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---







# NOTES

---

---

---

---

---

---

---

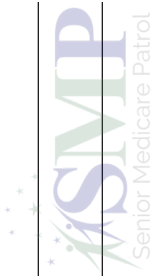
---

---

---

---

---



# State Health Insurance Assistance Programs

The State Health Insurance Assistance Programs (SHIPs) provide local, in-depth, and objective insurance counseling and assistance to Medicare-eligible individuals, their families, and caregivers.

## Contact your local SHIP to:

- Get one-on-one assistance with reviewing Medicare health or prescription drug plan options.
- Learn about assistance programs you or your loved ones might be eligible for.
- Understand Medicare's eligibility criteria and what Medicare does or does not cover.
- Know your rights under Medicare.
- Volunteer to help others.



Find your local SHIP  
by calling  
1-877-839-2675  
or by using the  
SHIP Locator at  
[www.shiptacenter.org](http://www.shiptacenter.org).

## Volunteer for SMP



Senior Medicare Patrol (SMP) needs volunteers to help them carry out their important work. In fact, thousands of people nationwide serve as volunteers. They:

- 1. Assist with administration:** Copy, file, do data entry, and make calls.
- 2. Distribute information:** Take SMP information materials to sites and events.
- 3. Staff exhibits:** Staff information kiosks or exhibits at events such as health fairs.
- 4. Make group presentations:** Give talks on SMP topics to small and large groups.
- 5. Counsel:** Work with beneficiaries on their individual situations. This may include reviewing MSNs, billing statements, and other related financial and health documents.
- 6. Manage complex interactions:** Have in-depth interactions with beneficiaries who are reporting specific instances of health care fraud, errors, and abuse.

*Want to fight Medicare fraud, errors, and abuse?*

Call 1-877-808-2468 or use the SMP Locator at [www.smpresource.org](http://www.smpresource.org).