

Indiana SMP Complex Interactions Form

Send to Nancy Moore at nmoore@iaaaa.org or fax 317-389-5865

Date	VHO Coordin	nator/SMP Volunteer Name
Beneficiary Name/Caller Name		VHO Coordinator/SMP Volunteer Phone Number
Beneficiary Info		
Home Phone	Cell Phone	Email Address
Address		
City	State	ZIP Code
County		How Did Beneficiary Learn About SMP?
Issue		
SMP Central Office Only:		
Referred to: AG SSA		
☐ 800-Medicare ☐ CMS ☐ MyMedicare.gov ☐ Call Blocker ☐ Other		
Gender : F/M/O/NC Age: Under 64/65-74/75-84/85+/NC DOB : /NC		
English Prim: Y/N Rac	e: W/B/H or L/AmIN	or Alask Nat/Asian/Haw or PI/NC
Contact Method: Email/FtoF at home/FtoF at counsel loc or event site/Phone/Mail or		
Fax/Web/NC		

Income: =or above 150%FPL, Below FPL, NC 2023 Single=\$1,843/mo Married=\$2,485/mo