



Medicare Patient Survey

Please complete this survey and return using the provided envelope. You can also complete this survey online at MedicareCompareUSA.com/NEAsurvey.

Patient Name: _____

Address: _____

City / State / Zip: _____

Phone: _____

Email: _____

Current Medicare Insurance

- Yes, I am currently enrolled in Care Improvement Plus
- No, I am NOT currently enrolled in Care Improvement Plus.

My Medicare insurance is provided by: _____

NEA Baptist Patient Confirmation

- Yes, I intend to remain a patient of NEA Baptist in 2019. Please have the NEA Baptist Medicare Insurance Helpline, serviced by MedicareCompareUSA, contact me with information about my insurance options for 2019. I understand that a licensed agent may contact me, and that this is a free service without obligation.
- No, I intend to remain on Care Improvement Plus and I will be changing healthcare provider. I understand that NEA Baptist will not be a contracted network provider with Care Improvement Plus beginning in January of 2019.

Signature _____

Date _____

**MedicareCompareUSA is an independent insurance agency that is not affiliated with the federal Medicare program. NEA Baptist receives no financial benefit when patients use the service. MedicareCompareUSA is a resource provided at no cost and with no obligation, and Medicare beneficiaries are free to contact each Medicare plan directly, work with any qualified/licensed insurance agent, or access Medicare plan information by calling 1 (800) MEDICARE or online at www.medicare.gov.*