

# MCBS

Medicare Current Beneficiary Survey



Medical Planner  
2015-2016

## A Message from

Thank you for participating in the Medicare Current Beneficiary Survey (MCBS). With your help, we are working to make Medicare a more cost-effective and more high-quality form of health insurance that meets the needs of all beneficiaries. As a reminder, whether you take part in the survey is entirely your choice. Your Medicare benefits will not be affected by the answers that you give, or by whether or not you participate. Also, your answers must be kept private and confidential. The Federal Privacy Act of 1974 requires this.

**William Long**—Project Officer

## A Message from

Your participation in the MCBS provides valuable information to both researchers and policymakers about the needs of Americans who have Medicare health insurance.

CMS collects large amounts of information about hospitals, doctors, and other medical professionals. They can tell how Medicare works for those groups, but the only way to learn about how the Medicare program works for people like you is to ask. AARP supports this survey because we think it is important. Please take part and help improve your Medicare program.

## How to Use Your Planner

We are providing this planner to help you organize your doctor visits, possible hospital stays, and other health care-related events. This will help you by providing you one place to keep track of all of these items, both for planning purposes and when trying to recall events with your interviewer. It will also help us ensure that the information we collect is as accurate as possible. If the information we collect does not accurately represent what is going on in your life, it will not be as helpful at improving Medicare.

When using this planner, it is important to record the following types of information in the appropriate date square:

- Doctor and dentist appointments
- When prescribed medicines are filled or re-filled
- The total cost of an event and what you paid
- Hospital visits, including to the emergency room or as an outpatient
- Labs, x-rays, and other tests
- Nursing home stays
- Home health visits by a medical professional, family member, or friend
- Eyeglasses, diabetic equipment, ambulance services, or other medical items purchased

## Important Contact Information

For questions or concerns about the survey you can contact MCBS staff at NORC at the University of Chicago at any time.

Call toll-free at: **877-389-3429**

Email at: **[mcbs@norc.org](mailto:mcbs@norc.org)**

Visit us at: **[www.mcbs.norc.org](http://www.mcbs.norc.org)**

If you have any questions or concerns about Medicare or your government benefits in general, please refer to the information below:

Call the Medicare Hotline toll-free at: **800-633-4227**

Call the Medicare Fraud Hotline toll-free at: **800-447-8477**

Call the Social Security Administration toll-free at: **800-772-1213**

Visit the Centers for Medicare and Medicare Services at:  
**[www.cms.hhs.gov](http://www.cms.hhs.gov)**

Visit AARP at: **[www.aarp.org](http://www.aarp.org)**

# MY MEDICAL ADDRESS BOOK

Doctor Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Type of Dr: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Notes: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Type of Dr: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Notes: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Type of Dr: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Notes: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Type of Dr: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Notes: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Type of Dr: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Notes: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Type of Dr: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Notes: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Type of Dr: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Notes: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Type of Dr: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Notes: \_\_\_\_\_

# AUGUST 2015

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	2	3	4	5	6	7	1/8
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	9	10	11	12	13	14	15
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	16	17	18	19	20	21	22
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	23	24	25	26	27	28	29
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	30	31					
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

# SEPTEMBER 2015

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4	5
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	6	7	8	9	10	11	12
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:		Labor Day					
	13	14	15	16	17	18	19
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:	Grandparents Day	First day of Rosh Hashana					
	20	21	22	23	24	25	26
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:				Yom Kippur First Day of Autumn			
	27	28	29	30			
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

# OCTOBER 2015

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2	3
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	4	5	6	7	8	9	10
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	11	12	13	14	15	16	17
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:		<b>Columbus Day</b>					
	18	19	20	21	22	23	24
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	25	26	27	28	29	30	31
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							<b>Halloween</b>

# NOVEMBER 2015

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6	7
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:	Daylight Saving Time ends						
	8	9	10	11	12	13	14
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:				Veterans Day			
	15	16	17	18	19	20	21
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	22	23	24	25	26	27	28
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:					Thanksgiving Day		
	29	30					
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

# DECEMBER 2015

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4	5
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	6	7	8	9	10	11	12
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:		First day of Hanukkah					
	13	14	15	16	17	18	19
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	20	21	22	23	24	25	26
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:		First day of Winter				Christmas Day	
	27	28	29	30	31		
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							



# JANUARY 2016

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1	2
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:						New Year's Day	
	3	4	5	6	7	8	9
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	10	11	12	13	14	15	16
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	17	18	19	20	21	22	23
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:		Martin Luther King, Jr. Day					
	24/31	25	26	27	28	29	30
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

# FEBRUARY 2016

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5	6
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	7	8	9	10	11	12	13
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	14	15	16	17	18	19	20
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:	Valentine's Day	Presidents' Day					
	21	22	23	24	25	26	27
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	28	29					
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

# MARCH 2016

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4	5
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	6	7	8	9	10	11	12
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	13	14	15	16	17	18	19
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:	<b>Daylight Saving Time starts</b>				<b>St. Patrick's Day</b>		
	20	21	22	23	24	25	26
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:	<b>First day of Spring</b>					<b>Good Friday</b>	
	27	28	29	30	31		
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:	<b>Easter Sunday</b>						

# APRIL 2016

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1	2
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:						April Fool's Day	
	3	4	5	6	7	8	9
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	10	11	12	13	14	15	16
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	17	18	19	20	21	22	23
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							First day of Passover
	24	25	26	27	28	29	30
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

# MAY 2016

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6	7
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	8	9	10	11	12	13	14
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:	Mothers' Day						
	15	16	17	18	19	20	21
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	22	23	24	25	26	27	28
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	29	30	31				
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:		Memorial Day					

# JUNE 2016

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3	4
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	5	6	7	8	9	10	11
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	12	13	14	15	16	17	18
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:			Flag Day				
	19	20	21	22	23	24	25
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:	Fathers' Day	First day of Summer					
	26	27	28	29	30		
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

# JULY 2016

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1	2
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	3	4	5	6	7	8	9
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:		<b>Independence Day</b>					
	10	11	12	13	14	15	16
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	17	18	19	20	21	22	23
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	24/31	25	26	27	28	29	30
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

# AUGUST 2016

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5	6
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	7	8	9	10	11	12	13
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	14	15	16	17	18	19	20
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	21	22	23	24	25	26	27
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	28	29	30	31			
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							



# SEPTEMBER 2016

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2	3
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	4	5	6	7	8	9	10
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:		Labor Day					
	11	12	13	14	15	16	17
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:	Grandparents Day						
	18	19	20	21	22	23	24
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:					First day of Autumn		
	25	26	27	28	29	30	
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

# OCTOBER 2016

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	2	3	4	5	6	7	1/8
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:		First day of Rosh Hashana					
	9	10	11	12	13	14	15
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:		Columbus Day		Yom Kippur			
	16	17	18	19	20	21	22
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	23	24	25	26	27	28	29
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	30	31					
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:		Halloween					

# NOVEMBER 2016

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4	5
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	6	7	8	9	10	11	12
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:	Daylight Saving Time ends					Veterans Day	
	13	14	15	16	17	18	19
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	20	21	22	23	24	25	26
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:					Thanksgiving Day		
	27	28	29	30	31		
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

# DECEMBER 2016

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2	3
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	4	5	6	7	8	9	10
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	11	12	13	14	15	16	17
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	18	19	20	21	22	23	24
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	25	26	27	28	29	30	31
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	First day of Hanukkah Christmas Day						

First Day of Winter

First day of Hanukkah  
Christmas Day







## Any other questions?

Please feel free to contact MCBS staff at NORC at the University of Chicago at any time.

*Call toll-free at: 877-389-3429*

*Email at: [mcbs@norc.org](mailto:mcbs@norc.org)*

*Visit us at: [www.mcbs.norc.org](http://www.mcbs.norc.org)*



*This survey is authorized by section 1875 (42 USC 139511) of the Social Security Act and is conducted by NORC at the University of Chicago for the U.S. Department of Health and Human Services. OMB control number for this information collection is 0938-0568, and expires 07/31/2017.*