

INDIVIDUAL INTERACTION: BASIC INTERACTION FORM

*** Items marked with asterisk (*) indicate required fields**

Type of Interaction*: Individual Interaction

Session Conducted By*: _____

Title of Interaction: _____

Date of Interaction (MM/DD/YYYY)*: _____

End Date (if applicable): _____

Time Spent in Minutes*: _____

Zip code*: _____ State*: _____

Reference Number: *Auto-Populated*

County: _____

Organization: *Auto-Populated*

Notes:

Beneficiary Name and Contact Information

Beneficiary First Name: _____

Beneficiary Address: _____

Beneficiary Last Name: _____

Beneficiary Phone: (_____) - _____ - _____

Beneficiary City: _____

Beneficiary Email: _____

Beneficiary State: _____

Beneficiary Zip Code: _____

Beneficiary Demographic Information

Race
(Multiple selections allowed):

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Not Collected |
| <input type="checkbox"/> Hispanic or Latino | |

Gender (Select only one):

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Other |
| <input type="checkbox"/> Male | <input type="checkbox"/> Not Collected |

Date of Birth (MM/DD/YYYY): _____

Medicare Number: _____

Medicaid Number: _____

Other Information:

Permission to Contact Beneficiary?

- Yes No

Topic(s) Discussed:

- Conditional Payments
- Consumer Protection
- Durable Medical Equipment (DME)
- Employer Health Plan
- General Fraud, Errors, and Abuse
- Genetic/DNA Testing
- Home Health Care
- Hospice

Other Topics Discussed Details: _____

OMB Control Number: 0985-0040 Expire: Month/Day/2023

Public Burden Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0040). Public reporting burden for this collection of information averages 5 minutes per response, including time for gathering, maintaining, completing and reviewing the collection of information. The obligation to respond to this collection is required to retain or maintain benefits under the statutory authority from Section 4360(f) of the OBRA.

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- Medicaid
- Medical Identity Theft
- Medicare Advantage
- Medicare Card
- Medicare Part A and B
- Medicare Part D
- Medicare Summary Notice
- Medigap or Supplemental Insurance
- Opioid Fraud and Abuse
- SMP Program Information
- SMP Volunteer Recruitment
- Social Security
- TRICARE
- Veteran's Health Benefits (VA)
- Other