

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: <i>Auto-Populated</i>
County:	Organization: <i>Auto-Populated</i>
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"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Collected
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Topic(s) Discussed:	
<input type="checkbox"/> Conditional Payments <input type="checkbox"/> Consumer Protection <input type="checkbox"/> Durable Medical Equipment (DME) <input type="checkbox"/> Employer Health Plan <input type="checkbox"/> General Fraud, Errors, and Abuse <input type="checkbox"/> Genetic/DNA Testing <input type="checkbox"/> Home Health Care <input type="checkbox"/> 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