

Do You Qualify for Extra Help?



senior health
connect

Sometimes we all need a little extra help.

There are many local, state and federal resources available to help out through difficult financial times. We have partnered with insurance brokers who can help you through the application process. There is **NO COST** to you to apply for these programs. Your participation is voluntary and your personal information will not be used for any other purpose. You will not lose any current health benefits.

Are You Eligible?

As an Individual...

Do you have Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance)? ☐ Yes ☐ No

Are you not currently married or not living with your spouse? ☐ Yes ☐ No

Are your combined savings, investments, and real estate are not worth more than \$16,600? ☐ Yes ☐ No
(These are 2023 limits and may change. Do NOT count your home, vehicles, personal possessions, life insurance, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.)

As a Couple...

Do you have Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance)? ☐ Yes ☐ No

Are you married and living with your spouse? ☐ Yes ☐ No

Are your combined savings, investments, and real estate are not worth more than \$33,240? ☐ Yes ☐ No
(These are 2023 limits and may change. Do NOT count your home, vehicles, personal possessions, life insurance, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.)

If you answered "Yes" to the income and assets questions, you may be eligible for Extra Help. If you are interested in exploring your options, please complete the information below. By completing this form you agree that Austin Regional Clinic may share your information with a certified broker who will contact you to answer your questions and guide you through the application process.

Today's Date _____ Signature _____

Printed Name _____ Birthdate _____ Phone (_____) _____

Address _____ Zip _____ Medicare Number _____

Alternate Contact _____ Phone (_____) _____ Preferred Language _____

Doctor's Name _____ Referred By _____ Company _____

I authorize Austin Regional Clinic to furnish my contact information to a broker and I authorize the broker to contact me. I also authorize the broker to call or text me at the phone number provided (even if that number is on any Do Not Call Registry or is a wireless number) regarding Medicare coverage options, including potentially through insurance products and services (such as Medicare Advantage plans). The broker's messages may be artificial or pre-recorded, or may be sent by an automatic telephone dialing system to the relevant number. I understand that I am not required to opt in to receive text messages or calls as a condition (directly or indirectly) of transacting with [e.g., Austin Regional Clinic] or broker. I am the current authorized user of the phone number. I consent to calls with me being recorded and monitored. I understand that text messages are recurring and on-going and that messaging and data rates may apply. I understand that I can withdraw consent or unsubscribe at any time by texting.

**To speak with a licensed independent insurance broker for help
completing your application, please call 817-410-5954 .**

