

Choice Health

Generator Name: _____

Agent: _____

Date: _____

Medicare Supplement Script

Hello, may I speak to _____?

You mailed in a white post card to see if you can save money on your Medicare Supplement Plan.

1. Who do you have your supplement with?

2. Do you have a co-pay when you go to the Doctors? **Yes or No**

3. How much are you paying for your supplement?

*If they have a Co-pay at Doctors that is an advantage lead.

Name: _____

State: _____ **Zip:** _____

Phone Number: () _____ - _____