

UHC Paper Lead

Hello, May I speak to _____?

Good morning/afternoon, this is _____ calling from Choice Health in regards to the white post card that you mailed in requesting information on the Medicare Health Plans with Dental, Vision, and Hearing benefits in your area.

1. Do you currently have Medicare parts A&B? Yes or No

2. Do you currently have Medicaid? Yes or No

3. Do you show a United Health Care or AARP card at the doctor's office? Yes or No

4. Do you have a Medicare Supplemental plan that costs over \$140/month? Yes or No

5. Do you receive group health coverage from retirement benefits? Yes or No

6. Do you receive any health insurance benefits through Tri Care? Yes or No

7. Do you currently have End Stage Renal Disease or receive Dialysis? Yes or No

Qualified: Great! It looks like you may qualify for the benefits. Please hold one moment while I transfer you to an Agent who is going to discuss all of your options with you.

Transfer: This is _____, I have _____ on the phone. They have Medicare Part A & B and they are interested in hearing more information on their Medicare Options.

Client's Name: _____

Client's Number: _____

State

Zip Code

***** Transfer all Internal Qualified leads to 855-979-0817.**