



Personal Health Care Journal

U.S. Administration on Aging



MEDICARE		HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY JOHN DOE			
MEDICARE CLAIM NUMBER 000-00-0000-A		SEX MALE	
ENROLLED TO HOSPITAL MEDICAL		EFFECTIVE DATE (PART A) 07-01-1986 (PART B) 07-01-1986	
SIGN HERE			

Take an active role in your own health care!

🕒 **Protect** Your Personal Information

- 🕒 Treat your Medicare, Medicaid and Social Security numbers like a credit card number.
- 🕒 Remember, Medicare will not call you or visit you to sell you anything!
- 🕒 Save Medicare Summary Notices (MSN) and Part D Explanations of Benefits (EOB), but shred them when they are no longer useful.

🕒 **Detect** Errors, Fraud and Abuse

- 🕒 Always review your Medicare Summary Notice and Part D Explanation of Benefits for mistakes.
- 🕒 Compare them to prescription drug receipts and your record in this journal.
- 🕒 Visit www.mymedicare.gov to access your Medicare account online.
Make sure to look for: Charges for something you didn't get, billing for the same thing twice and services that were not ordered by your doctor.

🕒 **Report** Mistakes or Questions

- 🕒 If you suspect errors, fraud or abuse, report it immediately! Call your provider or plan first. If you are not satisfied with their response, call your local SMP.

Directions for using your personal journal...

- ① Take this journal to all your appointments.
- ① Ask yourself these questions before your health care appointment:
 - ① Is this appointment going to be covered by Medicare or my other insurance?
 - ① What are my symptoms? When did they start? What makes them better or worse?
 - ① What over-the-counter or prescription medications am I taking?
- ① Write down the answer to these questions, as well as what happens during your visit, in this journal.
 - ① Make sure that you understand what your physician is telling you before leaving your appointment. If you don't, ask them to try to explain what they are telling you in a different way.
- ① Take this journal with you when you travel, in case of emergency.
- ① Use this journal when checking your Medicare and health care paperwork for accuracy.

Your Local SMP	
Quality of Care Concerns? Contact your state QIO	
Social Security Administration	1-800-772-1213 1-800-325-0778 TTY
Centers for Medicare & Medicaid Services (CMS)	1-800-MEDICARE 1-800-633-4227 1-800-486-2048 TTY
Fraud Tips Hotline HHS Office of Inspector General	1-800-HHS-TIPS
Federal Trade Commission ID Theft Hotline	1-877-438-4338
Eldercare Locator	www.eldercare.gov
State Health Insurance Programs (SHIP)	www.shiptalk.org
Long Term Care Ombudsman	www.ltcombudsman.org
SMP Locator	www.smpresource.org

Name:

Doctor's Name:

Clinic Name:

Phone Number: ()

Clinic Address:

City, State, and Zip:

Pharmacist Name:

Phone Number: ()

Emergency Contact:

Phone Number: ()

If lost, please return to doctor's office.

Calendar 2007

January							February							March							April						
SU	M	T	W	TH	F	S	SU	M	T	W	TH	F	S	SU	M	T	W	TH	F	S	SU	M	T	W	TH	F	S
	1	2	3	4	5	6					1	2	3					1	2	3	1	2	3	4	5	6	7
7	8	9	10	11	12	13	4	5	6	7	8	9	10	4	5	6	7	8	9	10	8	9	10	11	12	13	14
14	15	16	17	18	19	20	11	12	13	14	15	16	17	11	12	13	14	15	16	17	15	16	17	18	19	20	21
21	22	23	24	25	26	27	18	19	20	21	22	23	24	18	19	20	21	22	23	24	22	23	24	25	26	27	28
28	29	30	31				25	26	27	28				25	26	27	28	29	30	31	29	30					
May							June							July							August						
SU	M	T	W	TH	F	S	SU	M	T	W	TH	F	S	SU	M	T	W	TH	F	S	SU	M	T	W	TH	F	S
		1	2	3	4	5						1	2	1	2	3	4	5	6	7				1	2	3	4
6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14	5	6	7	8	9	10	11
13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18
20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25
27	28	29	30	31			24	25	26	27	28	29	30	29	30	31					26	27	28	29	30	31	
September							October							November							December						
SU	M	T	W	TH	F	S	SU	M	T	W	TH	F	S	SU	M	T	W	TH	F	S	SU	M	T	W	TH	F	S
						1		1	2	3	4	5	6						1	2	3						1
2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8
9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15
16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22
23	24	25	26	27	28	29	28	29	30	31				25	26	27	28	29	30		23	24	25	26	27	28	29
30																					30	31					

List of Appointments

Date	Physician/Phone Number	Reason for Visit

List of Appointments

Date	Physician/Phone Number	Reason for Visit

Do you:

Personal Habits

Drink Alcohol: [] drinks per day

Exercise: [] minutes per week

Currently Smoke: [] packs a day

Have smoked for [] years

Allergies

Date	Allergic to what?	Symptoms/Reactions

Family History & Health Problems/Conditions

Condition	When Patient was Diagnosed	Parent or Sibling with Condition?
Asthma:		
Cancer, Type:		
Diabetes, Type: 1 2		
Heart Disease:		
High Blood Pressure:		
High Cholesterol:		
Stroke:		
Chronic Conditions:		
Depression:		
Dementia:		

List of Medical Equipment and Supplies

Date	Equipment	Provider of Equipment	Advising Doctor

List of Operations/Surgeries

Date	Type of Operation	Hospital/Clinic

Date

Physician/Care Provider

Question/Symptoms/Problems

Answers/Explanations

Services received (check-up, physical therapy, etc.)



Care Plan/Special Instructions from Doctor



Personal Health Data

Weight:

Cholesterol:

Blood Pressure:

Blood Sugar:

Date

Physician/Care Provider

Question/Symptoms/Problems

Answers/Explanations

Services received (check-up, physical therapy, etc.)



Care Plan/Special Instructions from Doctor



Personal Health Data

Weight:

Cholesterol:

Blood Pressure:

Blood Sugar:

Date

Physician/Care Provider

Question/Symptoms/Problems

Answers/Explanations

Services received (check-up, physical therapy, etc.)



Care Plan/Special Instructions from Doctor



Personal Health Data

Weight:

Cholesterol:

Blood Pressure:

Blood Sugar:

Date

Physician/Care Provider

Question/Symptoms/Problems

Answers/Explanations

Services received (check-up, physical therapy, etc.)



Care Plan/Special Instructions from Doctor



Personal Health Data

Weight:

Cholesterol:

Blood Pressure:

Blood Sugar:

Date

Physician/Care Provider

Question/Symptoms/Problems

Answers/Explanations

Services received (check-up, physical therapy, etc.)



Care Plan/Special Instructions from Doctor



Personal Health Data

Weight:

Cholesterol:

Blood Pressure:

Blood Sugar:

Date

Physician/Care Provider

Question/Symptoms/Problems

Answers/Explanations

Services received (check-up, physical therapy, etc.)



Care Plan/Special Instructions from Doctor



Personal Health Data

Weight:

Cholesterol:

Blood Pressure:

Blood Sugar:

Date

Physician/Care Provider

Question/Symptoms/Problems

Answers/Explanations

Services received (check-up, physical therapy, etc.)



Care Plan/Special Instructions from Doctor



Personal Health Data

Weight:

Cholesterol:

Blood Pressure:

Blood Sugar:

Date

Physician/Care Provider

Question/Symptoms/Problems

Answers/Explanations

Services received (check-up, physical therapy, etc.)



Care Plan/Special Instructions from Doctor



Personal Health Data

Weight:

Cholesterol:

Blood Pressure:

Blood Sugar:

Date

Physician/Care Provider

Question/Symptoms/Problems

Answers/Explanations

Services received (check-up, physical therapy, etc.)



Care Plan/Special Instructions from Doctor



Personal Health Data

Weight:

Cholesterol:

Blood Pressure:

Blood Sugar:

Date

Physician/Care Provider

Question/Symptoms/Problems

Answers/Explanations

Services received (check-up, physical therapy, etc.)



Care Plan/Special Instructions from Doctor



Personal Health Data

Weight:

Cholesterol:

Blood Pressure:

Blood Sugar:

Date

Physician/Care Provider

Question/Symptoms/Problems

Answers/Explanations

Services received (check-up, physical therapy, etc.)



Care Plan/Special Instructions from Doctor



Personal Health Data

Weight:

Cholesterol:

Blood Pressure:

Blood Sugar:

Description of Tests and Screenings

Test Name	What is it?	Does Medicare B Cover it?
Bone Mass Measurements	Helps determine if you are at risk for broken bones	Yes, every 24 months if at risk
Heart Screening	Ask your doctor to test your cholesterol, lipid and triglyceride levels	Yes, every 5 years
Colorectal Cancer Screening	Finds precancerous growths and can help find colon cancer early	Yes, if age 50+ or at high risk
Diabetes Screening	Tests are available if you have: high blood pressure, Dyslipidemia, obesity, or history of high blood sugar or two or more of the following characteristics: age 65+, overweight, family history of diabetes, delivery of baby weighing more than 9 pounds	Yes, based on results of test, you may be eligible for up to 2 per year

Description of Tests and Screenings

Test Name	What is it?	Does Medicare B Cover it?
Flu Shot	Helps prevent Influenza, or the flu virus	Yes, in Fall/Winter
Glaucoma Test	Helps detect the eye disease Glaucoma. Available if you are at risk.	Yes, every 12 months
Hepatitis B Shot	Helps protect you from getting Hepatitis B, a disease of the liver	Yes, if at high or medium risk
Mammogram	Checks for breast cancer before you or your doctor may feel it	Yes, every 12 months for age 40+
Pap Test & Pelvic Exam	Checks women for vaginal and cervical cancers	Yes, every 24 months or every 12 if high risk

Description of Tests and Screenings

Test Name	What is it?	Does Medicare B Cover it?
Pneumococcal Shot	Helps prevent pneumonia. Most people only need this once.	Yes
Prostate Cancer Screening	Helps men find prostate cancer with a digital rectal exam and Prostate Specific Antigen (PSA) test	Yes, every 12 months for age 50+
One-time "Welcome to Medicare" Physical	Covers a one-time review of your health, as well as education and counseling about preventative services and referrals for other care. Part B deductible and co-insurance applies.	Yes, but only within the first 6 months of Part B coverage
Stop Smoking Counseling	Helps seniors quit smoking. Must have an illness from smoking or taking medicine affected by smoking. Counseling must be ordered by a doctor.	Yes, covers 8-12 visits

Your local SMP Program offers the following:

- ① SCREENING health care bills or Medicare Summary Notices for possible errors, or overt fraud and abuse of Medicare and Medicaid programs.
- ① INFORMATION about how to protect yourself, report and respond to health care scams.
- ① ASSISTANCE with contacting your doctor or other health care providers to discuss billing problems if you are not comfortable doing it yourself.

Funded in part by the U.S. Administration on Aging.



Protect Detect Report

Visit the SMP locator at: www.smpresource.org

