Tips to Prevent Medicare Fraud

Location _____ Date: _____

Gender (Circle one.) male female

Race (Circle one.) Black American Indian or Alaskan Native
White Asian or Pacific Islander
Hispanic/Latino Multi-Racial

Please circle one rating for both before and after the meeting.

My Understanding	Before Meeting				After Meeting			
	Didn't Know	*Knew a Little*	*Knew the Basics*	*Knew All About This*	*Don't Know*	*Know a Little*	*Know the Basics*	*Know All About This*
Types of Medicare Fraud	1	2	3	4	1	2	3	4
Medicare Fraud Prevention	1	2	3	4	1	2	3	4

During this meeting, we talked about ways you can prevent Medicare Fraud. Which of the following do you expect to do? Please check one answer for each.

Medicare Fraud Prevention Skill	*Currently Doing This*	*Expect to Make This Change*	*Don't Intend to Do This*
Carefully review every Medicare Summary Notice.			
Use a calendar to track doctor's appointments and medical services received.			
Report suspicious charges or potential scams.			
Protect Medicare number, Social Security number and other personal information.			

What else would you like to tell us about this or other Extension programs?

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