**MIPPA Louisiana
Supporting Documentation Form**

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Agency

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Agency Representative

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that the Cajun Area

Agency on Aging assisted me by:

 Enrollment assistance in Medicare Part C Plan

 Enrollment assistance in Medicare Part D Plan

 Medicare Part C or D Comparison

 Shared Medicare Part C or D Information with me

 Shared Extra Help Information with me (Low Income Subsidy-LIS)

 Shared Medicare Savings Program (MSP-Medicaid) Information with me

 Help with LIS Enrollment

 Help with MSP/Medicaid Enrollment

Comments:

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Client’s Signature Date

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Date of Birth Home Phone #

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 Zip Code