

Please send this form by email to **info@pacekc.org** or fax to **(816) 599-5909**.

**Your Information**

Name: _____	Relationship to Prospect: _____
Phone: _____	Organization: _____
Email: _____	

**Information About the Person You are Referring**

Name: _____	Date of Birth: _____
Address: _____	Phone: _____
City: _____ State _____ Zip _____	Email: _____
Medicare Number: _____	Other Insurance: _____
Medicaid Number: _____	
Comments: _____	
_____	
_____	
_____	

**REQUIRED - Consent to be Contacted**

According to Medicare rules, we require permission from the person being referred to us to discuss Medicare plan options. Please check the box below to confirm that the person has given their consent to be contacted by PACE KC.

I affirm that I have spoken with the person whose information I have entered above and that they consent to be contacted by PACE KC.