

Check your doctors before choosing a plan

Use a separate sheet for each plan and coverage year. Verify the exact provider and office location with both the plan and the provider; system-wide participation is not enough.

Full plan name / plan ID: _____

Coverage year / county: _____

Person completing this check / date: _____

Doctor / specialist / facility

Exact office or facility address

Plan confirmation: result, date, representative / reference

Provider confirmation: result, date, representative / reference

Doctor / specialist / facility

Exact office or facility address

Plan confirmation: result, date, representative / reference

Provider confirmation: result, date, representative / reference

Before you enroll

Confirm whether the provider is accepting patients with this plan, and check referral and prior-authorization requirements. Record any disagreement and resolve it with both sources before making a coverage decision.

A provider saying it accepts Medicare does not establish participation in a particular Medicare Advantage network. This record is a dated check, not a guarantee of future participation or payment.

Questions? (417) 420-1807 | thompsonmedicare.com

Prepared September 30, 2026. Keep completed records private; do not use a public website form.