



Health Risk Survey

The HRS consists of a series of health-related questions that will assist Zing Health’s clinical staff with understanding the member’s health care needs during the initial enrollment process for care coordination purposes.

The HRS must be completed by a licensed, appointed, and product certified agent no later than three (3) days after the signature date of the enrollment. The Medicare beneficiary must be enrolled in the plan to receive credit for completing the HRS.

Agent Writing Code:

Agent Name:

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Beneficiary Name:

Medicare ID:

Date of Birth:

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Do you use any prescription drugs?

- Yes
- No

If yes, list the names of medications:

If yes, do you need help taking your meds?

- Yes
- No



Beneficiary Name:

Medicare ID:

Date of Birth:

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Are your current medications listed as covered medications by Zing?

- Yes
- No

If no, list the names of medications not covered by Zing:

Do you have one or more of the following conditions?

- Diabetes
- Chronic Heart Failure
- Cardiovascular Disorder
- None of the above

Do you use durable medical equipment including but not limited to a cane, wheelchair, walker, or oxygen?

- Yes
- No

If yes, enter the Name and Phone Number of Your DME Provider(s) and which item(s) they provide?



Beneficiary Name:

Medicare ID:

Date of Birth:

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Questions	Yes	No
Do you need the help of another person for mobility purposes, such as walking across the room?		
During the past month, have you been bothered by feeling down, depressed, or hopeless?		
Do you feel like you need any help with managing your health problems?		
Do you have balance issues or trouble hearing?		
Do you receive, or do you need assistance from another person for medications, meal preparations, housekeeping, laundry, telephone, shopping or managing finances?		
During the past month, have you experienced a lack of interest or pleasure with doing things that you like?		
Do you smoke or use tobacco?		
Do you drink alcohol?		
An advance directive (living will) tells others how you want to be cared for if you are unable to make your own choices about health care in the		
Do you have a scheduled appointment/procedure within 30 days of your effective date?		
Did you change your Primary Care Provider (PCP) when you enrolled into a Zing Health plan?		

The next two questions are related to the members cognitive ability.

Who is the current President of the United States?

What is the current year?

Agent Signature:

Date:



You can fill the HRS at <https://enrollnow.myzinghealth.com/hrs>

If you have filled this paper form, please fax it to 855-946-4458