

Alliant Quality Beneficiary & Family Advisory Council Referral Form

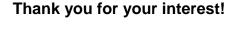
Share your ideas and experiences as we work with doctors and healthcare teams to improve the quality of care in Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina, and Tennessee!

Vision: Beneficiary Family Advisors will represent the collective voice of all Medicare beneficiaries and their families and will provide their perspective and experience to improve health and healthcare for Medicare beneficiaries through quality improvement efforts in Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina, and Tennessee.

Yes! I am interested in joining the Beneficiary and Family Advisory Council.

Please send me a full application.

Name:		
Address:	City:	State:
Phone Number:	Email Address:	
Best Method of Contact:		
Preferred time to call: AM PN	M Medicare Beneficiary: `	Yes No
Are you a family member of a Med	dicare Beneficiary: Yes N	No
Frequently Asked Questions and	d Answers	
Q – How often will we be meetingA – Our plans are for month	as a Council? hly meetings. We will meet for i	no more than 2 hours.
 Q – Is there a cost to belong to this A – No cost, and no payme improve healthcare. 	s Council? ent to you, instead this is a volur	ntary opportunity to
Q – Do I need to travel to join this? A – We will have meetings to		All our materials can







be found on our website or mailed to your home.