I, _______________________________ pledge to be an engaged healthcare consumer and to take an active role in preventing healthcare errors, fraud and abuse by doing one or more of the following:

________ Become a trained Massachusetts Senior Medicare Patrol Program Volunteer.
________ Organize and/or host a Senior Medicare Patrol Program Educational Presentation.
________ Assist in disseminating Senior Medicare Patrol Program materials.
________ Host a Senior Medicare Patrol Program Volunteers Foundations Training.
________ Assist with Volunteer Recruitment for the Massachusetts Senior Medicare Patrol Program.
________ Serve as a host site for the Massachusetts Senior Medicare Patrol Program’s Medicare Beneficiary Council.
________ Become an ambassador of the Massachusetts Senior Medicare Patrol.

________ All of the above!!!

________ Other

Thanks for your interest!

--Lucilia Prates, Director MA SMP

Please complete the following:

Name:__________________________________________ Date:_______________________

Address:__________________________________________

Home Phone: ___________________ Cell: ___________________ Work: ___________________

Email:__________________________________________

Be engaged! Join the growing movement of educated healthcare consumers.

If you are interested in joining the Massachusetts Senior Medicare Patrol Program’s outreach and education efforts or want more information, please contact:

MA SMP Program Director Lucilia Prates at 978-946-1326 or LPrates@ESMV.org.

Massachusetts Senior Medicare Patrol Program
Elder Services of the Merrimack Valley, Inc.
280 Merrimack St., Suite 400, Lawrence, MA 01843

Revised May 20, 2015