

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 Georgia and North Carolina!

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 Georgia and North Carolina.

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 ☐ PM	Medicare Beneficiary:	□ Yes □ No
Are you a family member of a Medic	are Beneficiary: ☐ Yes ☐	No
Frequently Asked Questions and A	Answers	
 Q – How often will we be meeting as A – Our plans are for monthly 		or no more than 2 hours.
 Q – Is there a cost to belong to this (A – No cost, and no payment improve healthcare. 		luntary opportunity to
 Q – Do I need to travel to join this? A – We will have meetings that 	at people attend or just call	in. All our materials can

Thank you for your interest!





be found on our website or mailed to your home.