



## 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 PM Medicare Beneficiary: Yes No

Are you a family member of a Medicare Beneficiary: Yes No

### Frequently Asked Questions and Answers

**Q –** How often will we be meeting as a Council?

**A –** Our plans are for monthly meetings. We will meet for no more than 2 hours.

**Q –** Is there a cost to belong to this Council?

**A –** No cost, and no payment to you, instead this is a voluntary opportunity to improve healthcare.

**Q –** Do I need to travel to join this?

**A –** We will have meetings that people attend or just call in. All our materials can be found on our website or mailed to your home.

**Thank you for your interest!**