



**An  
exclusive  
benefit  
for AvMed  
Medicare  
Members**

**Live WELLfluent™**



# Make Your Life Richer

**W**e all have questions about our health. After all, it's a serious topic. When you have a question about a specific health topic like diet, fitness or chronic conditions, you should turn to your doctor.

Each visit to your physician's office is a chance to make life richer with information that will help you improve your health. If you have concerns about a certain test result or procedure, talk to your doctor. If you need help figuring out what to eat or what exercises to do, your doctor can offer recommendations.

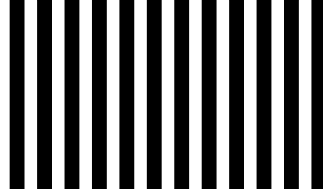
Unless you tell your doctor what's on your

mind, he or she won't be able to help you. With AvMed, you have access to a wide network of Providers that are ready to help you achieve a life rich in health – and happiness.

Turn this insert over for a list of topics to discuss with your Provider. We've put this list together to help you ask the right questions. Make sure to take it with you on your next visit. Have your own questions? Use the extra space to write them down!

Living WELLfluent™ makes life richer. We hope this handout will help you along the way. Visit **www.AvMed.org** for more WELLfluent resources.

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 14565 MIAMI FL

POSTAGE WILL BE PAID BY ADDRESSEE

AVMED MEDICARE  
PO BOX 569004  
MIAMI FL 33256-9906



**YOU'VE GOT MAIL**

**A**round this time of year, Members are surveyed about satisfaction with their health plans on behalf of the Consumer Assessment of Healthcare Providers and Systems – or CAHPS program and the Health Outcomes Survey or HOS survey. Each year, we take this feedback and look for ways to improve our services and benefits. If you receive a letter or call about a survey to rate your current health plan, we ask that you take a few minutes to participate.

AvMed Medicare is an HMO plan with a Medicare contract. Enrollment in AvMed Medicare depends on contract renewal with CMS. See other side for more information.

## Discussion Topics

- What are your health goals for 2020?  
\_\_\_\_\_
- What are your doctor's recommendations for safely achieving your goals?  
\_\_\_\_\_
- How often do you exercise? Which exercises do you do?  
\_\_\_\_\_
- Do you have an active social life?  
\_\_\_\_\_
- What ways does your doctor recommend to improve your emotional health?  
\_\_\_\_\_
- Are you getting the appropriate screenings for your age?  
\_\_\_\_\_
- Do you have chronic conditions that affect your daily routine? List them below and describe how they are affecting you. Discuss them with your doctor.  
\_\_\_\_\_
- Are you experiencing any issues with urinary incontinence (i.e., loss of bladder control leading to urine leakage)? If so, please talk to your doctor about what treatment options are right for you, including Kegel exercises, medications or other options.  
\_\_\_\_\_
- Do you have balance issues or other medical concerns that could increase your risk of falling? Talk to your doctors about ways you can be proactive at preventing falls.  
\_\_\_\_\_
- \_\_\_\_\_  
List any other topics you want to discuss with your doctor, such as pain that interferes with your ability to complete or enjoy your daily activities.  
\_\_\_\_\_

AvMed Medicare is an HMO plan with a Medicare contract.  
Enrollment in AvMed Medicare depends on contract renewal.



Share **ASPIRE** with a friend. For free! AvMed brings inspiration and practical information to help you enhance your overall health and well-being, plus brain teasers, recipes, and much more.

**Free magazine offer valid in Miami-Dade and Broward counties only.**

**AvMed** | **ASPIRE**

Pass **ASPIRE** on to a friend in Miami-Dade or Broward County by having him or her fill out this form.

Yes! I would like to order a free copy of **ASPIRE**. By replying to this card, a salesperson may call. Please send it to:

Phone Number (optional) \_\_\_\_\_

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

Apt. No. \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_