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Your One-Stop Resource for Long Term Care Planning!

NOTE: SHADED AREAS FOR AGENT USE ONLY

P R O V I D E R S / P H A R M A C Y / E Q U I P M E N T

Customer Name:

PCP 1		PCP 2	
Address		Address	
City, Zip		City, Zip	
Phone		Phone	

PCP = Primary Care Physician

Spec 1		Spec 2	
Address		Address	
City, Zip		City, Zip	
Phone		Phone	
Reason seen		Reason seen	

Spec = Specialist

Spec 3		Spec 4	
Address		Address	
City, Zip		City, Zip	
Phone		Phone	
Reason seen		Reason seen	

Spec = Specialist

Hospital 1		Hospital 2	
Address		Address	
City, Zip		City, Zip	
Phone		Phone	

DME Equip 1		DME Equip 2	
Address		Address	
City, Zip		City, Zip	
Phone		Phone	

DME = Durable Medical Equipment

Pharmacy 1		Pharmacy 2	
Address		Address	
City, Zip		City, Zip	
Phone		Phone	



ALTCS Planning

Miller Trusts

Legal Documents

Medicare Insurance



