How to Use OPERATION RED FILE

1. Fill out the medical information form.
2. Place the following items in the Red File:
   - Copy of EKG, do-not-resuscitate (DNR) order, Advance Directive, Medical Power of Attorney, and/or medication list
   - Clear, recent photograph of yourself
   - Medical information form
3. Place the Red File on your refrigerator where first responders can easily identify it and find your medical information.
4. Review medical information form every six months and update if necessary.
   - Blank forms are available for print via the QR code or by visiting www.kdads.ks.gov/orf-info-packet. To receive by mail call 800-432-3535.

Need a blank form?

Scan me!

Kansas Department for Aging and Disability Services

SMP Senior Medicare Patrol
Preventing Medicare Fraud

This project was supported in part by grant number 90MPPG0037 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201.

OPERATION RED FILE

Resources

SUSPECTED MEDICARE/MEDICAID FRAUD

- Kansas SMP (Senior Medicare Patrol): 1-800-432-3535
- Kansas Attorney General's Medicaid Fraud Division: 1-866-551-6328

MEDICARE/MEDICAID QUESTIONS AND ASSISTANCE

- SHICK (Senior Health Insurance Counseling for Kansas): 1-800-860-5260
- KanCare Ombudsman: 1-855-643-8180

REPORT IDENTITY THEFT 1+2+3

1. Call your local police department or sheriff's office
2. Call the Kansas Attorney General's Office at 1-800-432-2310 or visit www.InYourCornerKansas.org
3. Call the Federal Trade Commission at 1-877-438-4338

OTHER RESOURCES

- Free Credit Report: 1-877-322-8228 or visit www.AnnualCreditReport.com
- Internet Crime Reporting: www.ic3.gov
- National Do Not Call Registry: 1-888-382-1222 or www.DoNotCall.gov
- Kansas Insurance Commissioners Consumer Assistance: 1-800-432-2484 or insurance.kansas.gov
- Kansas Long-Term Care Ombudsman: 1-877-662-8362 or ombudsman.ks.gov
- KDADS Nursing Facility Complaint Line: 1-800-842-0078
- Adult Abuse and Neglect (in the home): 1-800-922-5330
- Adult Abuse and Neglect (long-term care facilities): 1-877-662-8362

Kansas Department for Aging and Disability Services

SMP Senior Medicare Patrol

Preventing Medicare Fraud

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Operation Red File

Review every 6 months

Date Completed: _____

Download new forms at www.kdads.ks.gov/orf-info-packet

SMP Senior Medicare Patrol — Preventing Medicare Fraud

Kansas Department for Aging and Disability Services

BASIC INFORMATION

Full Legal Name		Phone Number	
Physical Address			
Date of Birth	**Gender**	**Primary Language**	**Organ Donor?** ☐ Yes ☐ No
Height	**Weight**	**Hair Color**	**Eye Color**	**Blood Type**

EMERGENCY CONTACTS

Name / Address / Phone Number		Name / Address / Phone Number	
Relationship	**May we release your health information to this person?** ☐ Yes ☐ No	**Relationship**	**May we release your health information to this person?** ☐ Yes ☐ No

MEDICAL CONDITIONS

- ☐ NO MEDICAL CONDITIONS
- ☐ Abnormal EKG
- ☐ Adrenal Insufficiency
- ☐ Angina
- ☐ Asthma
- ☐ Bleeding Disorder
- ☐ Cancer: Type _____
- ☐ Cardiac Dysrhythmia
- ☐ Cataracts
- ☐ Clotting Disorder
- ☐ Coronary Bypass Graft
- ☐ COPD / Emphysema
- ☐ Dementia / Alzheimer's
- ☐ Dentures
- ☐ Diabetes / Insulin Dependent
- ☐ Eye Surgery
- ☐ Fractures
- ☐ Glaucoma
- ☐ Heart Attack: Date _____
- ☐ Hearing Impaired
  - ☐ Hearing Aids
- ☐ Heart Valve Prosthesis
- ☐ Hemolytic Anemia
- ☐ Hepatitis
- ☐ High Blood Pressure
- ☐ HIV / AIDS
- ☐ Hypertension
- ☐ Hypoglycemia
- ☐ Internal Defibrillator
- ☐ Kidney Problems
- ☐ Laryngectomy
- ☐ Malignant Hyperthermia
- ☐ Memory Impaired
- ☐ Myasthenia Gravis
- ☐ Pacemaker
- ☐ Pregnant: Due Date _____
- ☐ Renal Failure
- ☐ Seizure Disorder
- ☐ Sickle Cell Anemia
- ☐ Stroke
- ☐ Vision Impaired
  - ☐ Glasses / Contact Lenses
- ☐ Other: _____
  _____

CURRENT Medical Conditions You Are Being Treated For	PAST Medical Conditions You Have Been Treated For

MORE INFORMATION ON REVERSE

Operation Red File

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SMP Senior Medicare Patrol — Preventing Medicare Fraud

Kansas Department for Aging and Disability Services

MEDICATIONS

Medications	Dosage	Frequency

ALLERGIES

☐ NO KNOWN ALLERGIES	☐ Horse Serum	☐ Sulfa
☐ Aspirin	☐ Insect Stings	☐ Tetracycline
☐ Barbiturates	☐ Lidocaine	☐ Tetanus
☐ Codeine	☐ Morphine	☐ X-ray Dyes
☐ Demerol	☐ Novocain	☐ Xylocaine
☐ Environmental	☐ Penicillin	☐ Other: _____

MEDICAL CONTACTS

Primary Physician / Phone Number	**Other Physician / Phone Number**
Pharmacy / Phone Number	**Hospital Choice**

☐ **Medical Insurance Co.** _____ **Policy #** _____

☐ **Medicare #** _____ ☐ **Other** _____

OTHER INFORMATION

Note current providers, phone numbers and locations of pertinent documents if applicable.

DNR (Do Not Resuscitate) Order	**Living Will**	**Medical Power of Attorney**
Dialysis Care	**Hospice Care**	**Preferred Funeral Home**

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MORE INFORMATION ON REVERSE

Operation Red File

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ADDITIONAL INFORMATION

This space can be used to provide more information about your medical conditions, medications, wishes, and anything else that might help emergency personnel if you are unable to speak for yourself.

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MORE INFORMATION ON REVERSE

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ADDITIONAL INFORMATION CONTINUED

MORE INFORMATION ON REVERSE