

Medicare Open Enrollment Appointment Request Form

October 15 – December 7, 2020

Due to COVID-19 I will be comparing Medicare Part D plans this fall by phone, mail, and Zoom, and will not be coordinating SHICK services at the Senior Center which is being remodeled. Some in-person appointments may be possible depending on what happens with infections this fall, but at this point, I am planning to conduct all appointments at a distance.

If you would like SHICK assistance this fall from the Extension office, please complete the following information along with the enclosed worksheet and return to the address below. Forms need to be completed for each person. If you drop it by our office, please be aware that masks are required. You will be contacted with an appointment time.

Debra Wood
K-State Research and Extension
2218 Scanlan Ave.
Salina, KS 67401



If you have questions, please email dwood@ksu.edu or leave a message for Deb at 785-309-5850.

The call from your appointment may come from an unfamiliar number. It will likely be our office number above, or 785-746-2575.

Name _____

Email address: _____

Phone _____

Is this a cell phone, and if so, do you text? Yes No Carrier _____

Would you prefer an email or text appointment reminder? Email Text

Please indicate your preference below:

If you have access to a computer we can meet via Zoom where I can share my screen and you can view plans.

- I have experience with Zoom.
- I am new to Zoom but feel confident I can use this to meet. (I will not have time to troubleshoot the technology during the appointment.)
- I have speakers and a microphone on my computer, or use Zoom on my phone or iPad.
- I do not have access to a computer and/or prefer to compare plans by phone.

Preferred meeting time: Morning Afternoon Evening

The following dates will not work for me _____

Once our office receives this form and the completed drug worksheet your appointment will be scheduled. You will be notified of a day and timeframe for a phone call or emailed the link to connect by Zoom.

Current drug plan and number _____

Are you happy with your current plan? Yes No

Here are some tips when entering medications on the enclosed worksheet:

- Be sure to include the number of pills you take per month (i.e., once per day is 30, twice per day is 60).
- Is the pill in tablet or capsule form
- If you are taking a drug, please include full name (i.e., metoprolol tartrate or succinate, not just metoprolol), if it is a combination, include all meds
- If you are taking a drug that is injected or inhaled, I don't need to know the number of units or puffs per day, I need to know how often do you refill that (i.e., how many pens do you pick up per month, or how often to you replace your inhaler)
- Look over the list to make sure you haven't forgotten anything (nitro pills?)

Do you have a MyMedicare account?

Medicare made changes to their Plan Finder last year which requires setting up a MyMedicare account to retain information from year to year. If you have an account and are willing to share the userID and password that will expedite the comparison process. If you met with Deb last year, she gave you a purple card the size of your Medicare card with that username and password created during the meeting.

MyMedicare account username _____

Password _____

Prefer not to share

I do not have an account, please create one for me

Security question for password recovery –

Where did you and your spouse meet? _____

If not married, we will select a different security question during the appointment.

Other comments: