

Medicare Prescription Drug Plan Worksheet

Before comparing Medicare drug plans, fill out this worksheet front and back to help you find the plan that best meets your needs. Gather all your prescription drug bottles, your red, white and blue Medicare card and any other health insurance cards to help you complete this worksheet.

1. What is your name as it appears on your Medicare Card?

2. What is your Medicare Claim Number?

3. What is the effective date for your Medicare?

Part A ____ / ____ / ____

Part B ____ / ____ / ____

What is your date of birth? ____ / ____ / ____

Do you receive:

Social Security 'Extra Help' to pay for your drug plan?

yes no

Help to pay for Part B premiums?

yes no

Do you have any of the following:

- VA; Federal Retiree Health Benefits;
- TRICARE Insurance; Union Coverage;
- Former Employer Retiree Health Insurance;
- Supplemental/Medigap/Plan 65

What county do you live in? _____

Address _____

City, State Zip _____

Phone Number _____

Email Address _____

Is there a pharmacy you prefer to use? _____



1 → Name/Nombre
JOHN L SMITH

2 → Medicare Number/Número de Medicare
1EG4-TE5-MK72

3 → Entitled to/Con derecho a
HOSPITAL (PART A) 03-01-2016
MEDICAL (PART B) 03-01-2016

Please Enter Prescription Drugs on Back

For SHICK Counselor Use:

Date: _____

Counselor: _____

MyMedicare UserID: _____

Password: _____

Enrolled: yes no

Deduct from Social Security?

yes no

Compare Last Year? _____

Current Plan: _____

Current Plan OOP: _____

New Plan: _____

New Plan OOP: _____

Savings: _____

Time: _____

Understand Using Plan yes no

Understand Estimated Annual Cost

yes no

Date Reported to SHIP: _____

Notes:

