

# MEDICARE PRESCRIPTION DRUG PLAN FORM

Please complete and return to Caldwell Senior Center.

After we have completed a comparison, you will be notified and scheduled to come in for an explanation and/or enrollment.

## Information Needed for Personalized Plan Search

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ NC Zip \_\_\_\_\_

Medicare Claim Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth     /    /      
(Mo/day/year)

Effective Date for Medicare Part A     /    , Part B     /    .  
(Month/Year) (Month/Year)

**What is your current Medicare Coverage:**

Traditional Medicare A and B \_\_\_\_\_, Medicare Advantage Plan (Part C) \_\_\_\_\_.  
(HMO or PPO or PFFS)

Are you eligible for extra help with costs of drug plan? \_\_\_\_\_yes, \_\_\_\_\_no.

*Qualifications for extra help: Single person – below \$16,245 annual gross income, \$12,510 assets  
Couple – below \$21,855 annual gross household income, \$25,010 assets*

*If qualified, we can help with an application to Social Security to get approval for extra help. Please provide your income information.*

Have you been APPROVED for: Full Help \_\_\_\_\_, Partial Help \_\_\_\_\_,

Medicaid \_\_\_\_\_, Help Paying Medicare Part B Premiums \_\_\_\_\_.

*Approval would be in the form of a letter from Social Security, Medicare, or a Medicaid card.*

Do you have a Medicare Prescription Drug Plan? \_\_\_\_\_ If no, why not? \_\_\_\_\_

If yes, which one? \_\_\_\_\_ Does it meet your needs? \_\_\_\_\_

Why do you need to consider another plan? \_\_\_\_\_

Has the senior center made a comparison for you in the past? \_\_\_\_\_no, \_\_\_\_\_yes.  
(space for staff to enter earlier ID) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Preferred pharmacy if an independent one:** \_\_\_\_\_

(Major chain pharmacies accept all cards. If you use an independent pharmacy and do not want to change, please list your independent pharmacy above.)

List your current Prescription Medications on the back side of this page or attach a list provided by your physician or pharmacist.

