



TO ENHANCE THE QUALITY OF LIFE FOR ALL OLDER CITIZENS.

Medicare Part D Worksheet

Medicare beneficiaries are allowed to select a Medicare prescription drug plan (1) when first enrolling in Medicare, (2) if you move, and again, (3) every year between October 15th and December 7th. You should compare insurance plans every year because the coverage changes every calendar year.

The Healthy Generations Area Agency on Aging Part D Counseling Program will help you compare plans and choose the best plan for your needs on a space-available basis. You may find it helpful to gather your prescription drug bottles and your Medicare card before filling out this worksheet.

PRINT or TYPE

1. First Name: _____ Last Name: _____ M.I. _____

2. Address: _____

3. Zip Code: _____

4. Email Address: _____

5. Telephone: Home No. _____ - _____ - _____
Cell No. _____ - _____ - _____

6. Medicare Number: _____

Part A: _____ (mm/dd/yy)

Part B: _____ (mm/dd/yy)

7. Date of Birth: _____ (mm/dd/yy)

8. What type(s) of prescription drug coverage do you have now?

(Check all that apply)

- Medicare Prescription Drug Plan (PDP)
 - Name of Plan: _____
- Medicare Advantage Plan (HMO, PPO, PFFS)
 - Name of Plan: _____
- Employer or Union Retiree Plan
- Currently working and have employer sponsored health insurance
- Medicaid
- None of the above

MEDICARE HEALTH INSURANCE	
Name/Nombre	JOHN L SMITH
Medicare Number/Número de Medicare	1EG4-TE5-MK72
Entitled to/Con derecho a	HOSPITAL (PART A)
Coverage starts/Cobertura empieza	03-01-2016
	MEDICAL (PART B)
	03-01-2016

460 LENDALL LANE
FREDERICKSBURG, VA 22405
PHONE: (540) 371-3375
FAX: (540) 371-3384
MOBILITY OPTIONS: (540) 656-2985
WWW.HEALTHYGENERATIONS.ORG

Please list your preferred pharmacy.

1st Pharmacy: _____ City _____ Zip Code _____

2nd Pharmacy: _____ City _____ Zip Code _____

The VICAP team will assist you by preparing an analysis of your Part D options.

Return the work sheet in one of the ways listed below.

Mail or Drop-Off: VICAP Team
 460 Lendall Lane
 Fredericksburg, VA 22405

Email questions to: Medicare@healthygenerations.org (You must ENCRYPT any protected information)

FAX: 540-371-3384 **Attention: Medicare Part D**

When your analysis is complete, the VICAP team will contact you to set an appointment to discuss your options.