

Name: _____ Received notice of “Extra Help”? Yes/No
 Address: _____ Zip Code: _____ Type of “extra help”? _____
 Phone: _____ Birth Date: ___-___-19__ Current drug plan: _____

Medicare D Worksheet

Before you go on-line or call to compare Medicare Prescription Coverage Plans, have the following information ready:

Medicare Card Number: ____ - ____ - _____

Part A date: ___ - ___ - ____ Part B date: ___ - ___ - ____

Current Medicines: (list most expensive first)

<u>Name</u>	<u>Dosage</u>	<u>Quantity per month</u>	<u>Cost (per month, if known)</u>

Pharmacy Preferences:

Name: _____ City/State: _____ Zipcode: _____

Name: _____ City/State: _____ Zipcode: _____

Phone: call **Medicare** at **1-800-633-4227** (24 hours/day)

Say “Drug coverage” then “Agent” for live person!

When enrolling, document the name of agent, date, and confirmation number for your records.

Online: www.medicare.gov

Or allow a couple weeks for results, and **mail to:**

MMA-P-Jackson County Department on Aging
 1715 Lansing Ave. Suite 672, Jackson, MI 49202

I authorize a Jackson County Department on Aging MMA-P Counselor to enter my drug information onto Medicare’s website to obtain Plan Finder results.

Name: _____ Date: _____