MEDICARE PLAN FINDER WORKSHEET

First Name: _____ **Last Name:** _____

Home Phone #: _____ **Cell Phone #:** _____

Email:_____

Do you have a Medicare.gov or a MyMedicare.gov Account?

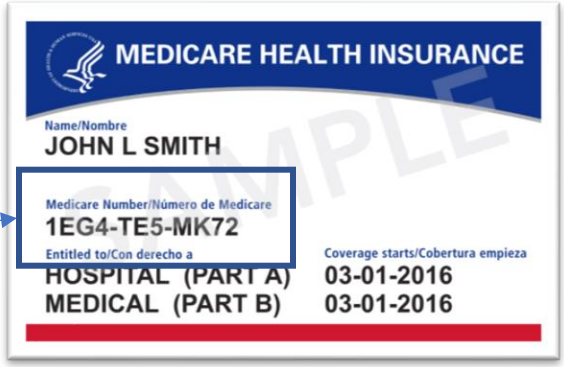
- ☐ Yes
  - Username: _____
  - Password: _____
- ☐ No – If you are interested in setting up a Medicare.gov Account, your SHIP Counselor will help you at the time of your appointment

What is your ZIP Code?

County: _____

What is your Medicare Number?

				■				■				



☐ Don't feel comfortable writing down your Medicare number? That is fine. Please just indicate here that you would rather use the Medicare Plan Finder anonymously.

What is your Date of Birth?

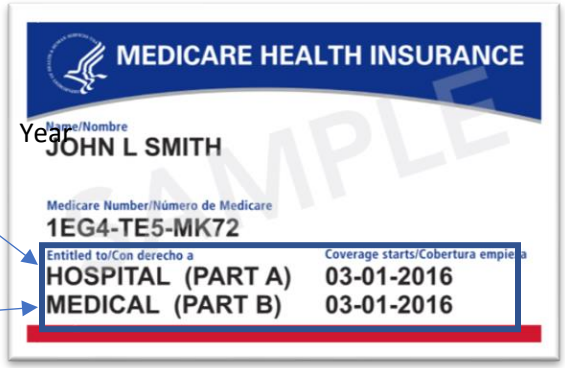
Month Day Year

What is your effective date (When you first enrolled) for Medicare **Part A**?

Month Day Year

What is your effective date (when you first enrolled) for Medicare **Part B**?

Month Day Year



What Pharmacy(s) do you prefer to use?

Option 1: Pharmacy Name: _____

Zip Code: _____

Option 2: Pharmacy Name: _____

Zip Code: _____

Option 3: Pharmacy Name: _____

Zip Code: _____

MEDICARE ADVANTAGE CUSTOMERS: Please list all the Doctors, Specialists, and Medical Facilities you would like to have in your network for 2021.

Prescriptions

To find the Medicare Part D or Medicare Advantage plan for you, VNA SHIP Counselors will need a detailed list of your medications. These medications will be entered into Medicare.gov to determine the best Medicare options for you based on coverage and overall cost.

Prescription Name (Print)	Dosage	30-Day Quantity