Medicare Plan Finder Questionnaire

Instructions: In order to provide accurate results, it is important that you <u>answer every question</u>.

Name_____ Date of Birth _____

Address_____ Zip _____

Email_____ Phone_____

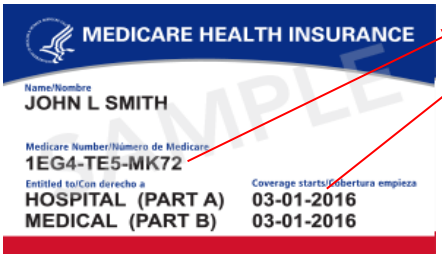
How do want to receive your results? ___Email ___Regular Mail

Are you covered by any other insurance for prescriptions? Yes No

TRICARE for Life, VA, Government, Union, or Employer Group Health Plans: *If you have this type of coverage, it is often best to keep it.* ***Contact your benefits administrator before making any changes.***

You want a: ___standalone Part D Drug Plan ___ Medicare Advantage w Drug Coverage

Your current Advantage or Part D plan _____



Your Medicare Number_____

Effective Date Part A_____ Part B_____

Do you receive help paying for prescriptions? Yes No

<u>If no, check to see if you qualify</u> and we will contact you:

Is your GROSS income at or below $1,581 single / $2,134 married? Yes No

List <u>*two*</u> preferred pharmacies

If your pharmacy isn't in a plan's network or the plan doesn't cover your medication, you'll be responsible for the full cost of your medication

Pharmacy Name & Address_____

Pharmacy Name & Address_____

Do you want a plan that offers mail order? Yes No

Do you spend more than 90 days out of state? Yes No

Enter your prescriptions on the reverse side

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Medicare Plan Finder Questionnaire - continued

Drug Name	Strength	Form of Medication	Daily Dosage
Example: (Metformin Hcl)	(500 mg ER)	(tablet,capsule,etc)	(Times per day)

MAXIMUM OF 25 PRESCRIPTION DRUGS - do NOT list over the counter drugs

Return to: **Pima Council on Aging, Attention Medicare**
8467 E Broadway, Tucson, AZ 85710
Phone: 520.790.7262 Fax: 520.790.7577

- Results will be limited to ***top 3*** *plans that meet your specific needs* and will be sent to you as soon as possible.
- PCOA does not recommend nor endorse any Medicare plans or companies and is not responsible for the services provided by these companies.