



**Pre-Enrollment Form**



**MEDICARE OPEN ENROLLMENT October 15th to December 7th**

**Once Completed, Return This Form To:  
PCOA 8467 E. Broadway Blvd Tucson, AZ 85710 or fax to 372-2257**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ County: \_\_\_\_\_ Year-Round Resident?  Yes  No

Email Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Primary Language? \_\_\_\_\_

I am interested in reviewing my Part D Drug Plan.  Yes  No      Advantage Plan?  Yes  No

Do you have a Supplement?  Yes  No      Are you happy with your supplement?  Yes  No

Do you currently have other insurance coverage?  Yes  No      If yes, Which? \_\_\_\_\_

I need help for:  Open Enrollment  Initial Enrollment  Special Enrollment  Other

**Medicare Card Information**

**MyMedicare.gov Account Info**

Name: \_\_\_\_\_  I Prefer NOT to share this Information

Number: \_\_\_\_\_ Username: \_\_\_\_\_

Part A effective Date: \_\_\_\_\_ Password: \_\_\_\_\_

Part B effective Date: \_\_\_\_\_ Security Question: \_\_\_\_\_

I need a new Medicare Card.  Yes  No      Answer: \_\_\_\_\_

**Income/Subsidy Information**

**Pharmacy Information**

Does your monthly income fall below \$1,615 for Single or \$2,175 for Married couple?  Yes  No

Do your Resources/Assets fall below \$14,610 Single or \$29,160 Married?  Yes  No

Are you currently receiving?  Extra Help

AHCCCS  QBM/SLMB/QI-1 Medicare Savings Plan

What is your Preferred Pharmacy? \_\_\_\_\_

Alternative Pharmacy? \_\_\_\_\_

Do you use Mail Order?  Yes  No

Are there any Medications that are not covered by your current plan?  Yes  No

List: \_\_\_\_\_

**Please provide us with information about your prescriptions and pharmacy.**

NOTE: You may be able to obtain a computerized listing from your pharmacist/pharmacy to attach.  
If not, please complete the chart below. Please attach additional sheets if needed.

Name of Drugs	Strength	Daily Dose
<i>Example: Lipitor</i>	<i>Example: 10 mg.</i>	<i>Example: Twice Daily</i>

**Do you have any problems, comments or concerns you would like to discuss?**

**Appointment Preferences:**

I prefer  Mornings  Afternoons      What time works best for you?

I would prefer to have a  Phone Appointment  Video Chat  I would like an email

Have you ever participated in a video conference before?  Yes  No

I prefer to use  Zoom  Other

I have a computer at my home that I can use.  yes  no

I am comfortable with the computer  yes  no

I have internet at my home  Yes  No                      I have an active email account?  Yes  No

**FOR OFFICE USE ONLY:**

Appointment Scheduled for: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Phone  Video  In-person      Sent Comps, Materials, Link  Mail  Emailed  Fax Date \_\_\_\_\_