Medicare Information Gathering

Decisions made as you transition to Medicare are important and impact your health coverage and financial well-being. Medicare is complex and we want you to make informed decisions. **There is no cost for our services. Completion of this worksheet prepares you for a benefit review.**

Completed for: _____ Date: _____

Current health insurance: _____

Current monthly premium: _____

Do you travel outside the state? ◯ Yes ◯ No

Are you currently enrolled in Medicare? ◯ Yes ◯ No

List of your current Provider(s):

Provider Type	Name	Address
Primary Care Providers		
Specialist		
Pharmacy		
Hospital		
Dentist		

List of prescription drugs you currently take:

Please provide the exact name as it appears on your pill bottle, the dosage, and number of times you take each day.

Drug Name	Dosage	Frequency	Brand	Generic
			○	○
			○	○
			○	○
			○	○
			○	○
			○	○
			○	○
			○	○
			○	○
			○	○
			○	○
			○	○
			○	○
			○	○
			○	○
			○	○

Medicare Disclaimer: We do not offer every plan available in your area. Currently we represent _____ organizations which offer _____ products in your area. Please contact Medicare.gov,1-800-MEDICARE, or your local State Health Insurance Program to get information on all of your options.