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	9?	Yes	No			

List of your current Provider(s):

Provider Type	Name	Address
Primary Care		
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 and if you take the brand name or generic version.

Drug Name	Dosage	Frequency	Brand	Generic

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov at 1-800-MEDICARE to get information on all of your options.