



Medication List for Plan Options

Return By:

First Name

Last Name

Email address

Phone Number

I don't have an email address

Veteran? Disability determination?

Date of Birth

 / /

Preferred Medical Clinic(s)

Address

Preferred Pharmacy Name & Location

1)

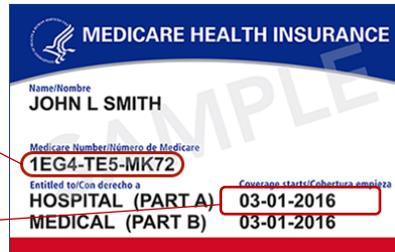
City, State, Zip Code

2)

Mail Order I would consider mail order if cheaper

Medicare Number

Hospital (Part A) Coverage Start Date

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Medicare requires an account to compare plans & find lowest cost options. Information cannot be saved if you do not have an account. Please provide your myMedicare account information for our assistance.

myMedicare.gov Username

myMedicare.gov Password

Please have the ADRC create an account on my behalf.

I give the ADRC's Benefit Specialist permission to store myMedicare.gov username & password in the secure client file. I understand the ADRC will not access my account without my permission & I may request my username & password from the ADRC at any time & I have the right to change my account at any time. I understand my right to revoke this consent at any time by contacting the ADRC.

Signature

Date

For reduced prescription drug premiums, deductibles & medication costs, call Social Security 866-815-2924. People with both Medicare & Medicaid/MAPP automatically receive these benefits called "Extra Help."

Household size		
Monthly income limits	\$1,595	\$2,155
Asset limits (exclude your home & 1 vehicle)	\$13,110	\$26,160

Provide a detailed list of your prescription medications so we can find Medicare plans that meet your needs.

- Complete the form below
 - Or, provide a print-out of your drugs from your clinic or pharmacy (or ask them to fax us at **715-738-2598 Attention ADRC Benefit Specialist**). However, if anything says “take as needed” we will need clarification.
- Check here if you received a transplant while on Medicare. List immunosuppressive therapy drugs below.

Prescriptions (No over-the-counters) Look at your medication labels – be specific.	Form Type tablet, capsule, cream, inhaler	Dosage concentration	How many per 30 days?	Refill Supply
Example: Albuterol sulfate hfa	Aerosol inhaler	108 (90 base) mcg	(4) 18gm inhalers	<input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 2 months <input type="checkbox"/> 12 months
Example: Novalog	Insulin Pen Injector	3 ml pen	4 pens	<input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 2 months <input type="checkbox"/> 12 months
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For Office Use Only	Username	Birthdate	-	-
	<input type="checkbox"/> PDP <input type="checkbox"/> HMO	Password	Secret Answer	
Notes				