

Client Name _____ Phone Number _____

Address _____ City _____

State _____ Zip Code _____

Medicare Health Plans

Because of Medicare Rules some Drug Plans will not fit with certain Medicare Advantage plans. Please list your Medicare Supplement Company and type of plan, or Medicare Advantage Plan you are currently on. If you currently have neither please list "none" Beginning in 2011, (in most counties) all Medicare Advantage Plans must utilize doctor's networks. To better serve you please list any and all doctors you currently see on a regular basis.

If you are new to Medicare you have 3 months prior the month of or 3 months after your 65th Birthday to enroll in a plan without penalty.

Prescription Drug Plan

Company Name _____ Deductible YES NO Monthly Premium _____

Health Plans

Medicare Supplement / Med Advantage

Type of Plan	Name of Company	Plan Letter	Monthly Premium
<input type="checkbox"/> Medicare Supplement	_____	(A through J)	_____
<input type="checkbox"/> Medicare Advantage Plan	_____		_____

Physicians & Specialists

Primary Care _____ Specialist _____
Specialist _____ Specialist _____

Prescription Drugs

Annual Open Enrollment: October 15th through December 7th.

This service is totally voluntary, but to better assist you in finding a plan that best fits your needs. It would be helpful if you listed your current prescriptions.

Drug Name	Generic	Dosage	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To better serve you and avoid the Medicare crunch. Please return this to us by October 1st