

Medicare Prescription Drug Coverage Personal Information Worksheet for People with Medicare & Medicaid

Use this worksheet to help you gather all of the information you need to find a Medicare drug plan that meets your needs. Please fill out as much of the information in this worksheet as possible. You may find it helpful to gather all of your prescription drug bottles and your red, white, and blue Medicare card and any other health insurance cards before you fill out this worksheet.

If you currently get your prescription drug coverage through TRICARE (military retiree benefits), the Department of Veteran Affairs (VA benefits), or FEHBP (Federal employee retirement benefits), it is almost always best to keep that current coverage without any changes. You should contact your benefits administrator for information about your current benefits before making any changes.

1. Do you currently have Medicare and Medicaid?

- Yes
- No

You can get Medicare prescription drug coverage in two different ways:

- a. Medicare Advantage Plans and other Medicare Health Plans. These plans include HMOs, PPOs, and Private-Fee-for-Service plans. They offer complete Medicare-covered health care, through a single plan, including drug coverage. Most of these plans generally offer extra benefits and lower copayments than the Original Medicare Plan. However, you may have to see doctors that belong to the plan or go to certain hospitals to get services.
- b. Medicare drug plans. These plans add coverage to the Original Medicare Plan (and some Medicare Cost Plans and Medicare Private Fee-for-Service plans). The Original Medicare Plan is a fee-for-service plan. You can go to any doctor or hospital that accepts Medicare.

2. What is your Medicare Claim Number? →

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MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
JANE DOE

MEDICARE CLAIM NUMBER SEX
000-00-0000-A **FEMALE**

IS ENTITLED TO EFFECTIVE DATE
HOSPITAL (PART A) 07-01-1986
MEDICAL (PART B) 07-01-1986

SIGN HERE _____

3. What is your First and Last Name?

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First Name

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Last Name

4. What is your date of birth?

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Month

Day

Year

5. What is the effective date (when you first enrolled) for your Medicare Part A?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Month

Day

Year

AND

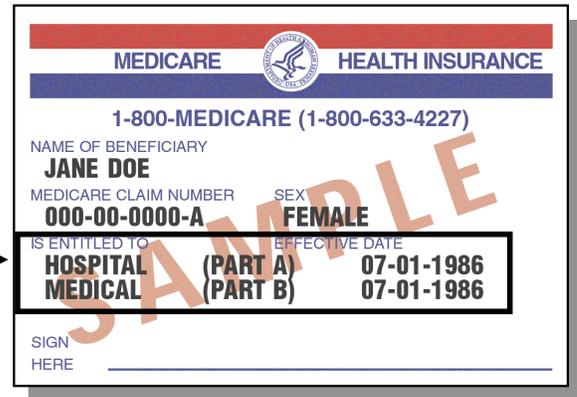
What is the effective date (when you first enrolled) for your Medicare Part B?

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Month

Day

Year



6. What is your Zip Code?

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7. What county do you live in? _____

8. Are you interested in learning about prescription drug coverage available for you through any of the following:

- Medicare Advantage or other Medicare Health Plans
- Medicare drug plans
- Both
- Don't know

