

## **Navigating Medicare**

make an informed decision for yourself.

## Medicare Part D Prescription Plan Worksheet

SMP
Senior Medicare Patrol
Preventing Medicare Fraud

Toll Free: 1-877-801-0044 Local: 1-931-379-2927

FAX: 931-379-2685 or Email: sctn.ship@sctdd.org

If you would like to have a free **2025** Part D Insurance Plan or Medicare Advantage Plan **Comparison** done to check your prescription Costs, fill out both sides of this form and return **it by November 8th.** We <u>cannot</u> do a comparison without <u>all</u> of this information.

Mail your completed form to: SHIP/SMP, 101 Sam Watkins Blvd, Mt Pleasant, TN 38474; FAX: 931-379-2685 or Email: sctn.ship@sctdd.org Your 2025 Comparison will be sent to you after October 15<sup>th</sup>

ppointments being made. The earlier you send your form ba	ick in the b	etter your char	nce is of getting an	appointment.
Name: [Please provide your name as it appears on your Medical contents of the contents	are Cardl	Date of Birt	h:/	
[Please provide your name as it appears on your wieule	are cara;			
Address:				_
[Please provide the address and zip code you have on fi	le with Soc	ial Security]		
City:State	e: TN Zi	p:		N
Phone:Co	unty:			
SSN Number:			MEDICARE HE	ALTH INSURANCE
Email address:	_		JOHN L SMITH	
What is your Medicare Number?			Medicare Number Numero de Medicare 1EG4-TE5-MK72	
what is your Medicare Number?			Entitled to/Con deretho a PART A	Coverage starts/Cobertura empleza 03-03-2016
What is your effective Date for Part A? Part B	?		PART B	03-03-2016
earches will be done using MyMedicare.gov. If you have a M  Jser Name: Passwo				
f you do not have an account, we will make one for you and neeceive a letter from CMSwelcoming you to MyMedicare.gove will Not be able to do the comparison for you.  Do you currently have insurance coverage for Prescriptions	nail your a a few day	ccount info to y s after the acco	ou with your comp ount is created. <u>If yo</u>	arison. You will ou cancel the accou
Medicare Part D Plan (name) Medicare Advantage Plan (name)				
MedicaidEmployer/Union Group Health Pla TRICARE for LifeVeterans Administration	າ <u>-</u>		loyee Health Benef edicare Supplemen	
Other		(re	etirement, private,	etc.)
his project was supported by the Administration for Community Living (ACL), U.S. D rom federal grants totaling \$186,267 with 100 percent funding by ACL/HHS. The connection of the connection of the U.S. Government.	epartment of I	lealth and Human Se e of the author(s) an	ervices (HHS) as part of a f d do not necessarily repre	nancial assistance award sent the official views of,
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Medicare Advantas	`	2		your Medicare Sur	
Medicare Advantag you may have provider	ge Plans—Offers cor r restrictions.	verage for	your nospital	and medical care a	is well as prescription
□ Both	7				
ve vou applied for Loou make less than \$1,90	ow Income "Extra 3 a month or \$2 575	Help" assi as a couple	stance? e you may qualif	$ m Yes$ $\Box$ y for assistance with	No 🗆 your prescription drug
ould you like SHIP to	o assist you in apply	ying for Ex	ctra Help? Y	Yes No	
ease provide us with i	information about y	your presc	riptions and p	oharmacy. Please	complete the chart b
use this pharmacy(s) to	to have my prescrip	tions filled	l:	10.6	
or Diabetic Medication st number of vials or	nens or inhalers, et	c von use	ner month. I	)o Not list as need	led in the quantity
lumn. If you take th	ne Generic—put the	e Generic	name from yo	ur bottle on the li	ist Not the Brand
ere is a large differen	ce in the cost.	160			
NAME OF	FDRUG		STRENGTH	Quantity	per Month
ample: Lipitor		Examp	ole: 20 mg	Example: 30 or o	ne per day
					a) 5
X					
X					
X					
*					
*			20		
,			8		
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