



Navigating Medicare

Medicare Part D Prescription Plan Worksheet

Toll Free: 1-877-801-0044 Local: 1-931-379-2927 FAX: 931-379-2685 or Email: sctn.ship@sctdd.org



Preventing Medicare Fraud

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 cannot do a comparison without all 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 15th

To request an in person appointment fill in the location of your local Senior Citizens Center. [Appts will start after Oct 15] Example: Maury County Senior Center. Completed forms must be returned prior to appointments being made. The earlier you send your form back in the better your chance is of getting an appointment.

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ [Please provide your name as it appears on your Medicare Card]

Address: \_\_\_\_\_ [Please provide the address and zip code you have on file with Social Security]

City: \_\_\_\_\_ State: TN Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ County: \_\_\_\_\_

SSN Number: \_\_\_\_\_

Email address: \_\_\_\_\_

What is your Medicare Number? \_\_\_\_\_

What is your effective Date for Part A? \_\_\_\_\_ Part B? \_\_\_\_\_

MEDICARE HEALTH INSURANCE logo and sample card for JOHN L SMITH with Medicare Number 1EG4-TE5-MK72 and coverage start dates 03-03-2016.

Searches will be done using MyMedicare.gov. If you have a MyMedicare.gov Account already... we need your

User Name: \_\_\_\_\_ Password: \_\_\_\_\_

If you do not have an account, we will make one for you and mail your account info to you with your comparison. You will receive a letter from CMS..welcoming you to MyMedicare.gov a few days after the account is created. If you cancel the account we will Not be able to do the comparison for you.

Do you currently have insurance coverage for Prescriptions \_\_\_ Yes \_\_\_ No If yes, check any that apply:

\_\_\_ Medicare Part D Plan (name) \_\_\_\_\_
\_\_\_ Medicare Advantage Plan (name) \_\_\_\_\_

\_\_\_ Medicaid \_\_\_ Employer/Union Group Health Plan \_\_\_ Federal Employee Health Benefit Plan
\_\_\_ TRICARE for Life \_\_\_ Veterans Administration \_\_\_ Medigap/Medicare Supplement

\_\_\_ Other \_\_\_\_\_ (retirement, private, etc.)

This project was supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award from federal grants totaling \$186,267 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by ACL/HHS, or the U.S. Government.

We do NOT sell insurance. We do not pick or recommend a plan for you. We simply provide information so that you can make an informed decision for yourself.

