



## Medicare Part D Worksheet

Medicare beneficiaries are allowed to select a Medicare prescription drug plan (1) when first enrolling in Medicare, (2) if you move, and (3) again every year between October 15<sup>th</sup> and December 7<sup>th</sup>. You should compare insurance plans every year because the coverage changes every calendar year.

The Healthy Generations Area Agency on Aging Part D Counseling Program will help you compare plans and choose the best plan for your needs on a space-available basis. You may find it helpful to gather your prescription drug bottles and your Medicare card before filling out this worksheet.

PRINT or TYPE

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_

2. Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Zip Code: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. Email Address: \_\_\_\_\_

5. Telephone: Home No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. Medicare Claim Number: \_\_\_\_\_

Part A: \_\_\_\_\_ (mm/dd/yy)

Part B: \_\_\_\_\_ (mm/dd/yy)

7. Date of Birth: \_\_\_\_\_ (mm/dd/yy)

8. What type(s) of prescription drug coverage do you have now?

**(Check all that apply)**

- Medicare Prescription Drug Plan (PDP)
  - Name of Plan: \_\_\_\_\_
- Medicare Advantage Plan (HMO, PPO, PFFS)
  - Name of Plan: \_\_\_\_\_
- Employer or Union Retiree Plan
- Currently working and have employer sponsored health insurance
- Medicaid
- None of the above



Mobility Options: (540) 656-2985

Phone: (540) 371-3375

Fax: (540) 371-3384

www.raaa16.org

Main Office:

460 Lendall Lane, Fredericksburg, VA 22405

A UNITED WAY AGENCY

Our Service Area:  
 City of Fredericksburg  
 Caroline County  
 King George County  
 Spotsylvania County  
 Stafford County




Please list your preferred pharmacy.

1st Pharmacy: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

2nd Pharmacy: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

The VICAP team will assist you by preparing an analysis of your Part D options.

Return the work sheet in one of the ways listed below.

Mail or Drop-Off : VICAP Team  
460 Lendall Lane  
Fredericksburg, VA 22405

Email information to: Medicare@raaa16.org

FAX: 540-371-3384 **Attention: Medicare Part D**

When your analysis is complete, the VICAP team will contact you to set an appointment to discuss your options.