**To receive a list of Medicare Prescription Drug Plans in Mississippi that cover your medications, fill out this form and give it to one of the volunteers or send it to Rep. Wicker's office (directions on back).**

**NAME:** _____

**ADDRESS:** _____

_____

**PHONE NUMBER:** _____

**E-MAIL:** _____

| NAME OF YOUR DRUGS (print name as it appears on package) | TOTAL COST OF DRUG PER MONTH |
|---|---|
| **Example:** Lipitor | $83.50 |
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# TO FIND OUT WHICH MEDICARE RX DRUG PLANS COVER YOUR MEDICATION

FILL OUT THIS FORM AND MAIL IT TO:

**CONGRESSMAN ROGER WICKER**
**RX DRUG FORM**
**P.O. BOX 1482**
**TUPELO, MS 38802**

YOU ALSO MAY CALL IN OR FAX THIS INFORMATION TO ANY OF REP. WICKER'S OFFICES:

| | |
|---|---|
| **COLUMBUS** | **327-0748**<br>**(fax) 328-5882** |
| **GRENADA** | **294-1321**<br>**(fax) 294-1232** |
| **TUPELO** | **844-5437**<br>**(fax) 844-9096** |
| **SOUTHAVEN** | **342-3942**<br>**(fax) 342-3883** |
| **WASHINGTON** | **202-225-4306**<br>**(fax) 202-225-3549** |

ADDITIONAL COPIES OF THIS FORM MAY BE FOUND ON REP. WICKER'S WEBSITE: **www.house.gov/wicker**