

Medicare Part D Workshop



Hosted by Congressman Jack Kingston

Medicare Part D Enrollment Event Worksheet

Please complete this form and bring it with you to the workshop so your counselor may better assist you. If you have any questions, call my office or GeorgiaCares at 1-800-669-8387.

NOTE: If you are a member of the Georgia State Health Benefit Plan (SHBP), please contact the Georgia Department of Community Health at (800) 610-1863 before taking any further action. Failure to do so could cause you to lose your current health care plan permanently.

Personal Information

Name: _____ Phone Number: _____

Address: _____

City, State, Zip: _____

Email Address: _____

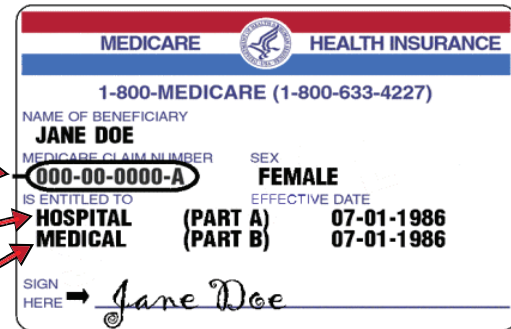
Date of Birth: _____ Preferred Pharmacy: _____

Medicare Information

Medicare Number: _____

Medicare Part A Effective Date: _____

Medicare Part B Effective Date: _____



Do you currently have any prescription drug coverage including a Part D Plan?
 YES NO If yes, what is the source? _____

Are you currently receiving Medicaid, SSI or assistance paying your Medicare Part B premium?
 YES NO DON'T KNOW

Are you currently receiving Low Income Subsidy which helps reduce your Part D costs?
 YES NO DON'T KNOW

What is your current monthly income? _____

Do you currently have or are you interested in information about Medicare Advantage Plans?
 YES NO

List the prescription drugs you are currently taking.

This information can be found on your prescription containers. Attach additional page if necessary.

Prescription Drug Name	Dosage	Number Taken Per Day	Can You Take Generic?

For More Information >>> kingston.house.gov/PartD or contact:

Baxley Office

P.O. Box 40
Baxley, GA 31515
Phone: (912) 367-7403
Fax: (912) 367-7404

Brunswick Office

805 Gloucester St.,
Room #304
Brunswick, GA 31520
Phone: (912) 265-9010
Fax: (912) 265-9013

Savannah Office

1 Diamond Causeway,
Suite 7
Savannah, GA 31406
Phone: (912) 352-0101
Fax: (912) 352-0105

Valdosta Office

(Physical Address)
Valdosta Federal Building
401 N. Patterson St.
Second Floor, Room 215
Phone: (229) 247-9188
Fax: (229) 247-9189

Washington Office

2368 Rayburn HOB
Washington, DC 20515
Phone: (202) 225-5831
Fax: (202) 226-2269

Internal Use Only - To be completed by counselor.

Drug ID List: _____ Passcode Date: _____ Zip Code: _____ Counselor Name: _____