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 our Tifton office 229-396-5175.

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:Address:			
City, State, Zip: Email Address: Date of Birth:			
MEDICARE INFORMATION	MEDICARE HEALTH INSURANCE		
Medicare Number:	1-800-MEDICARE (1-800-633-4227) NAME OF BENEFICIARY		
Medicare Part A Effective Date:	JANE DOE MEDICARE CLAIM NUMBER SEX O00-00-0000-A FEMALE		
Medicare Part B Effective Date:			
Do you currently have any prescription drug cover If yes, what is the source?			
Are you currently receiving Medicaid, SSI or assis YES NO DON'T KNOW			
Are you currently receiving Low Income Subsidy ☐ YES ☐ NO ☐ DON'T KNOW	which helps reduce your Part D costs?		
What is your current monthly income?			
Do you currently have or are you interested in info ☐ YES ☐ NO	ormation about Medicare Advantage Plans?		

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: AustinScott house gov or contact:				

For More Information: <u>AustinScott.house.gov</u> or contact:

Tifton Office				
127-B N. Central Ave.				
Tifton, GA 31794				
Phone: 229-396-5175				

Warner Robins Office 230 Margie Dr. Suite 500 Warner Robins, GA 31088 Phone: 478-971-1776 Washington D.C. Office 2417 Rayburn HOB Washington, DC 20515 Phone: 202-225-6531

Internal Use Only – To be completed by counselor.				
Drug ID List:	_ Passcode Date:	_ Zip Code:	Counselor Name:	