



Medicare Part D Workshops

Hosted by Congressman Austin Scott

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.

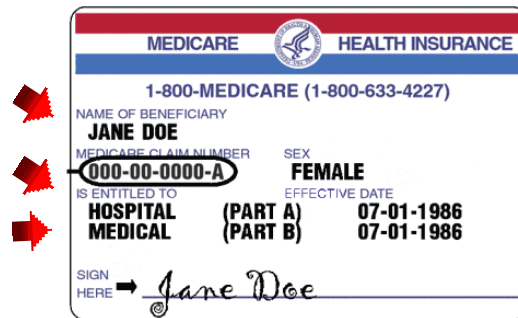
NOTE: If you are a member of the Georgia State Health Benefit Plan (SHBP), please contact the Georgia Department of Community Health at (800) 610-1863 before taking any further action. Failure to do so could cause you to lose your current health care plan permanently.

PERSONAL INFORMATION

Name: _____ 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

