



North Ottawa
County

Council on Aging

Medicare Part D Worksheet

Before filling out this form please have the following items in front of you:

- (1) ALL of your prescription medicine bottles**
- (2) Your Medicare card**
- (3) Any other Health insurance cards or Prescription Insurance cards**

*** PLEASE PRINT ALL INFORMATION NEATLY***

Look at your Medicare Card (the one that looks like this one) – and fill in all the blanks:

MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY

First Name Middle Initial Last Name

MEDICARE CLAIM NUMBER

____ - ____ - ____

IS ENTITLED TO EFFECTIVE DATE

HOSPITAL (PART A) ____ - ____ - ____

MEDICAL (PART B) ____ - ____ - ____

Address: _____ Apt # _____ City/State/

Zip: _____

County you live in: _____ Township/City/

Village: _____

Phone #: (____) _____ Date of Birth: ____ - ____ - ____

Age: _____

Circle the Correct answer and fill in the blanks if it applies to you:

Do you have Prescription Insurance now? Yes No

If “yes” what is the name of the insurance/

plan: _____

What Pharmacy do you like to use? _____

City: _____

EVERY YEAR Open Enrollment is from Nov. 15 thru Dec. 31

You should compare your Prescription Program EVERY YEAR
to make sure that it is the best coverage for you.

****After completing this form and returning it to us , we will assist you in looking
at your options – we do not sell nor do we recommend a specific plan.****

**Other Ways to look at your options are by: calling Medicare at (800) 633-4227 - going on the
computer to www.medicare.gov - or by contacting an insurance agent.**