

# 2015 Medicare.gov Information Update Form

## Part 1 – Medicare.gov Account Identification

Please enter the following information just so I can perform a personalized search on Medicare.gov. **PLEASE PRINT NEATLY**

ZIP Code	
Medicare Number:	
Last Name:	
Effective Date for Part A:	
Date of Birth:	



## Part 2 – Prescriptions

If you remember, when we met last year, one of the things I did for you was to enter all your prescriptions into Medicare.gov so that we could compare the plans available to you for the coming year. Please update these records for me, so that I can have this information researched prior to the enrollment season. You can print a copy of this for your wallet as well, so that you will always have an up to date list of your current medications. **PLEASE PRINT NEATLY**

	Name of Prescription	Dosage	Frequency	Where do you purchase this?
Ex	Lisinopril	25mg	3 times daily	<input type="checkbox"/> Retail <input type="checkbox"/> Mailorder <input type="checkbox"/> Rightsource
1				<input type="checkbox"/> Retail <input type="checkbox"/> Mailorder <input type="checkbox"/> Rightsource
2				<input type="checkbox"/> Retail <input type="checkbox"/> Mailorder <input type="checkbox"/> Rightsource
3				<input type="checkbox"/> Retail <input type="checkbox"/> Mailorder <input type="checkbox"/> Rightsource
4				<input type="checkbox"/> Retail <input type="checkbox"/> Mailorder <input type="checkbox"/> Rightsource
5				<input type="checkbox"/> Retail <input type="checkbox"/> Mailorder <input type="checkbox"/> Rightsource
6				<input type="checkbox"/> Retail <input type="checkbox"/> Mailorder <input type="checkbox"/> Rightsource
7				<input type="checkbox"/> Retail <input type="checkbox"/> Mailorder <input type="checkbox"/> Rightsource
8				<input type="checkbox"/> Retail <input type="checkbox"/> Mailorder <input type="checkbox"/> Rightsource
9				<input type="checkbox"/> Retail <input type="checkbox"/> Mailorder <input type="checkbox"/> Rightsource
10				<input type="checkbox"/> Retail <input type="checkbox"/> Mailorder <input type="checkbox"/> Rightsource
11				<input type="checkbox"/> Retail <input type="checkbox"/> Mailorder <input type="checkbox"/> Rightsource
12				<input type="checkbox"/> Retail <input type="checkbox"/> Mailorder <input type="checkbox"/> Rightsource
13				<input type="checkbox"/> Retail <input type="checkbox"/> Mailorder <input type="checkbox"/> Rightsource
14				<input type="checkbox"/> Retail <input type="checkbox"/> Mailorder <input type="checkbox"/> Rightsource
15				<input type="checkbox"/> Retail <input type="checkbox"/> Mailorder <input type="checkbox"/> Rightsource
16				<input type="checkbox"/> Retail <input type="checkbox"/> Mailorder <input type="checkbox"/> Rightsource
17				<input type="checkbox"/> Retail <input type="checkbox"/> Mailorder <input type="checkbox"/> Rightsource
18				<input type="checkbox"/> Retail <input type="checkbox"/> Mailorder <input type="checkbox"/> Rightsource
19				<input type="checkbox"/> Retail <input type="checkbox"/> Mailorder <input type="checkbox"/> Rightsource
20				<input type="checkbox"/> Retail <input type="checkbox"/> Mailorder <input type="checkbox"/> Rightsource

**IMPORTANT: PLEASE RETURN THIS COMPLETED FORM IN IT'S SELF ADDRESSED, STAMPED ENVELOPE by 9/1/2015 Have Questions? Call (859) 533-5195**

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## Part 3 – Physicians and Providers - Please list any providers that you use for medical care.

### Who is Your Primary Care Physician (PCP)

Primary Care Physician's Name	Location City	Telephone

### Other Physicians, Therapists, Dentists, etc.

Other Physician's, Dentist's Name, etc.	Location City	Telephone

## Part 4 – Facilities - Please provide a list of any facilities you visit to receive medical care.

Name of Facilities You Wish To Receive Care From	Location City	Telephone

## Part 5 – Other Information

Is there anything else I should know about your current health situation, so that I can determine which plans might be worth considering for 2016?

Other Information

Need to add additional information for me to research? **Add another piece of paper. It's ok.**

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