2017 Medicare.gov Information Update Form

PART 1 – MEDICARE.GOV LOGIN INFORMATION - *Please enter the following information just so **we** can **retrieve your account** on Medicare.gov. **PLEASE PRINT NEATLY.***

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

FOR OFFICE USE ONLY	
Date Received	
Drug List #	
Date of Drug List	
Password	

PART 2 – 3 QUESTIONS

How did your current plan perform for 2016?

☐ POORLY
☐ ADEQUATELY
☐ EXCELLENTLY

Provided there are no drastic changes to your current plan's features or services, would you prefer keep everything the same as during 2017 or do you wish to look at other options?

☐ YES
☐ NO

Other than to discuss potential plan changes, is there any reason you need to see us during open enrollment season?

☐ YES
☐ NO

PART 3 – CURRENT PRESCRIPTIONS - *Please UPDATE YOUR PRESCRIPTIONS so that we can have this information researched prior to enrollment season. **PLEASE PRINT NEATLY.***

Name of Prescription	Dosage	Frequency	Where do you purchase this?
Lisinopril	25mg	3 x daily	☐ RETAIL ☐ MAIL ORDER ☒ HUMANA PHARMACY
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IMPORTANT: PLEASE RETURN THIS COMPLETED FORM BY 9/1/2017
Have Questions? Call (859) 654-0120

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PART 4 – YOUR CARE PROVIDERS

Who is Your Primary Care Physician (PCP)?

Primary Care Physician's Name	Location City	Telephone

Do You Have Other Physicians, Therapists, Dentists, etc?

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

PART 5 – YOUR PREFERRED CARE FACILITIES - *Please provide a list of any facilities you visit to receive medical care.*

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

PART 6 – OTHER RELEVANT INFORMATION - *Is there anything else we should know about your current health care situation, so that we can determine which plans might be worth considering for 2018?*

Other Information

Need to add additional information for us to research? **Add another piece of paper.**

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