

I am interested in learning about Medicare prescription drug coverage available through:

- Medicare Stand-alone Prescription Drug Plans (Part D) - Offers prescription drug coverage only. This is the coverage you want if you want to stay in Original Medicare and keep your Medicare Supplement Plan.
- Medicare Advantage Plans—Offers coverage for your hospital and medical care as well as prescription drugs; you may have provider restrictions.
- Both

Have you applied for Extra Help assistance? Yes No

Would you like SHIP to assist you in applying for Extra Help? Yes No

Please provide us with information about your prescriptions and pharmacy. You may attach a printout from your pharmacy or any other additional information.

NAME OF PHARMACY YOU USE (REQUIRED) : _____

For Diabetic medications – list number of vials or pens per month

NAME OF DRUG	STRENGTH	Quantity per Month
<i>Example: Lipitor</i>	<i>Example: 20 mg.</i>	<i>Example: 30 or one per day</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		

(Office Use Only)

Drug ID: _____ Password Date: _____

If you actually take the generic of a drug....Please put the generic name..NOT brand name on list