

Medicare Prescription Drug Coverage Worksheet

Please complete both sides of this form and return to the River Valley Extension District Office as soon as possible, but no later than one week before your appointment. Please bring any letters you received recently from Social Security and Medicare, as well as your current Medicare card, to your appointment.

1. What is your name as it appears on your Medicare card?

2. What is your Medicare Claim Number?

3. What is the effective date for your Medicare?

Hospital (Part A) _____
Month/Date/Year

Medical (Part B) _____
Month/Date/Year

4. What is your date of birth? _____
Month/Date/Year

5. What is your address? _____
City, State, Zip Code? _____
Phone Number? _____
Email Address? _____
What county do you live in? _____

6. List the pharmacy or pharmacies you use. Include the pharmacy name and city location.

7. Do you have a MyMedicare.gov account?

___ Yes, it's already on file with Extension Office. Skip to Question 8.

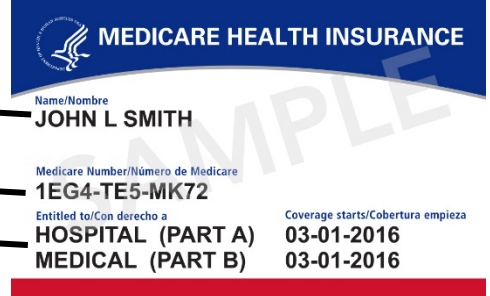
Do you have dual authentication (text, email, etc.) set up on your account? ___ Yes ___ No

___ Yes, my information is below:

Username: _____ Password: _____

Security Question: _____ Answer: _____

___ No, please create an account for me.



Office Staff Use Only

Appt Date: _____

Appt Time: _____

Counselor: _____

Date Received in Office: _____

MUST COMPLETE INFORMATION ON BACK

8. List the prescription drugs you currently take. Be specific as possible. Include the dosage, type, and how often you take it per month. Print clearly. If you need additional space, please attach a piece of paper. You may choose to attach a printout of your drugs from your doctor or pharmacy instead.

Prescription Drug Name	Dosage/Type <i>Ex: 30 mg/capsule</i>	30 Day Quantity <i>Ex: 2 pills a day = 60</i>

Disclaimer: I confirm that all the information I have provided is truthful and accurate.

I give permission to the SHICK Counselors and River Valley Extension District staff to use my MyMedicare.gov username and password. If I do not have a MyMedicare.gov account set up, I give permission to the SHICK Counselors and River Valley Extension District staff to create a username, password, and security question. **I understand that I will receive a letter or email in the next few weeks stating that an account has been created for me.**

Signature: _____ Date: _____

For more information on SHICK or Medicare, please contact:
River Valley Extension District Agents
Jordan Schuette, Adult Development & Aging, 785-325-2121, jschuette@ksu.edu
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