

My Healthcare Information Checklist

Having all of your healthcare information in one place is a handy way to keep track of what your costs are, Medicare insurance coverage details, where you get your prescription drugs from and what each prescription costs you.

It's also a great way to keep all of your doctors and other healthcare providers all in one place when you shop for Medicare insurance coverage or switching your coverage with or without the assistance of a Medicare insurance agent.

NAME

Name: _____

Zip: _____

County: _____

My Medicare Number: _____

MY PRESCRIPTIONS

Prescription drug name: _____

Tier: _____

Dosage: _____

How often do you take a pill? _____

How often is this prescription refilled? _____

Quantity: _____

Filled at the pharmacy? yes no

Filled by mail-order? yes no



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MY PRESCRIPTIONS

Prescription drug name: _____
Tier: _____
Dosage: _____
How often do you take a pill? _____
How often is this prescription refilled? _____
Quantity: _____
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MY PREFERRED PHARMACY

Name: _____
Address: _____
Phone: _____



MY HEALTHCARE INFORMATION

My chronic/pre-existing medical conditions: _____



MY DOCTOR

Primary Care Physician: _____
Phone: _____



OTHER DOCTORS I USE

Physician: _____
Phone: _____
Physician: _____
Phone: _____
Physician: _____
Phone: _____
Physician: _____
Phone: _____



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Checklist

MY DENTIST

Name: _____
Phone: _____

MY OPTOMETRIST

Name: _____
Phone: _____

MY AUDIOLOGIST

Name: _____
Phone: _____

MY PREFERRED HOSPITAL

Name: _____
Phone: _____

MY PREFERRED OUTPATIENT FACILITIES

Name: _____
Phone: _____



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OPTION 1: BARE-WITH-MEDICARE



MEDICARE PART D PRESCRIPTION DRUG PLAN COMPANY NAME:

Monthly Premium: _____

Tier 1 Copay: _____

Tier 2 Copay: _____

Tier 3 Copay: _____

Tier 4 Copay: _____

Tier 5 Copay: _____

Tier 6 Copay: _____

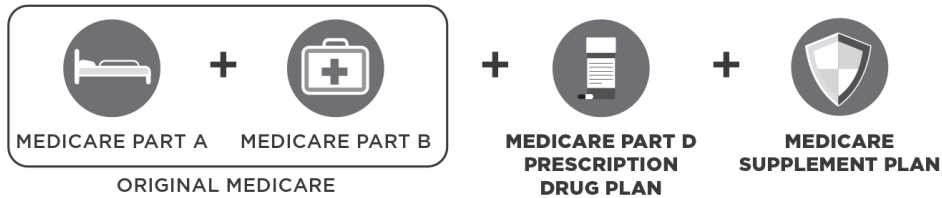
Drug Deductible? _____



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OPTION 2: MEDICARE PART D + SUPPLEMENT



MEDICARE PART D PRESCRIPTION DRUG PLAN COMPANY NAME:

Monthly Premium: _____
Tier 1 Copay: _____
Tier 2 Copay: _____
Tier 3 Copay: _____
Tier 4 Copay: _____
Tier 5 Copay: _____
Tier 6 Copay: _____
Drug Deductible? _____

MEDICARE SUPPLEMENT PLAN COMPANY NAME:

Monthly Premium: _____
Plan Type: _____



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OPTION 3: MEDICARE PART C



MEDICARE ADVANTAGE INSURANCE PLAN COMPANY NAME:

Plan name: _____

Monthly Premium: _____

HMO or PPO: _____

MOOP: _____

Inpatient hospital benefit: _____

Primary Care Physician Copay: _____

Specialist Copay: _____

Outpatient benefit: _____

Diagnostic procedure costs: _____

Medicare star rating: _____

Dental allowance: _____

Vision allowance: _____

Hearing allowance: _____

Gym membership: _____

Other benefits: _____



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PRESCRIPTION DRUG BENEFITS:

Tier 1 Copay: _____

Tier 2 Copay: _____

Tier 3 Copay: _____

Tier 4 Copay: _____

Tier 5 Copay: _____

Tier 6 Copay: _____

Drug Deductible? _____



Remember, this is a reference tool for you, the Medicare “consumer” to use – if filled out completely, it will contain personal health information you wouldn’t necessarily want or need to share with a Medicare insurance company or agent. Medicare Advantage and Medicare Part D Prescription Drug Plan insurance companies cannot reject your application due to your health status or how many prescriptions you take. Medicare Supplement plans may be able to reject you, depending upon when you are trying to sign up and where you live. Medicare insurance agents generally aren’t allowed to ask you health-related questions that aren’t on the policy applications. **However, some of this information is very helpful for any Medicare insurance agent to know in order to help you find the best product for your Medicare insurance needs. It’s going to be very difficult for an agent to help you find an insurance plan that covers your prescriptions if they don’t know what prescriptions you need covered! In the end, it’s up to you how much you share.**



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Prepare For Medicare



**IF YOU FIND THIS FREE CHECKLIST HELPFUL,
PASS IT ON TO FRIENDS AND FAMILY!**

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To your wealth, wisdom and wellness!

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