

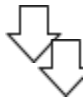
FOLLANSBEE PHARMACY
 PH: 304.527.1004
 FAX: 304.527.1006

Value Leader Pharmacy
 Phone:
 740-314-5321
 FAX: 740-314-8064


TRI-STATE PHARMACY
 PH: 304.723.6331
 FAX: 304.723.1131

**Alert! 2019
 Open-Enrollment
 this Year!!
 Oct.15th to Dec. 7th**

Worksheet for Medicare Part D
*Fill out card below exactly as it appears on your
 Personal Medicare Card)*



Name _____
 Address _____
 City _____
 State ___ Zip code _____ County _____
 Birth Date _____
 Home # _____ Cell # _____

	
MEDICARE	HEALTH INSURANCE
Medicare Claim Number	
Is Entitled to	Effective Date
Hospital (Part A)	_____
Medical (Part B)	_____

Current Part D Plan? _____ Do you have a Medicare Advantage Plan? Yes No

If the answer to this question is yes, be aware that enrolling in a drug plan will cancel your Medicare Advantage Plan.

Which Pharmacy is yours? **Tristate Pharmacy** __ **Follansbee Pharmacy** __ **Value Leader** __
 Other _____

List of Medications ***DO NOT list medications you do not take routinely, do not list vitamins and nutritional supplements and do not list drug samples you do not plan to purchase.***

<u>Name</u> <u>month</u>	<u>Strength</u>	<u>Quantity per</u>
1.		
2.		
3.		
4.		
5.		
6.		

7.

8.

9.

10.

please use back of form for more medications *If medication placed on back check yes



Is there a medication or medications that cannot be changed for any reason? Yes No

If YES, please name the medication(s)

We can help you synchronize all your medications, so they are due for refill at the same time. We will help you avoid the coverage gap, so you pay less and not more.