

**FOLLANSBEE PHARMACY**

PH: 304.527.1004  
**FAX: 304.527.1006**

**Value Leader Pharmacy**

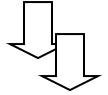
Phone: 740-314-5321  
**FAX: 740-314-8064**

**TRI-STATE PHARMACY**

PH: 304.723.6331  
**FAX: 304.723.1131**

**Alert! Plan Year 2023  
Open-Enrollment  
this Year!!  
Oct.15<sup>th</sup> to Dec. 7<sup>th</sup>**

**Worksheet for Medicare Part D**  
*(Fill out card below exactly as it appears on your  
Personal Medicare Card)*  
**New Medicare Id number needed!**



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

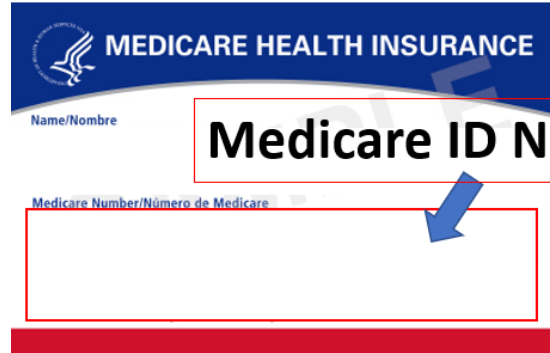
State \_\_\_\_\_ Zip code \_\_\_\_\_ County \_\_\_\_\_

Birth Date \_\_\_\_\_

Home # \_\_\_\_\_

Cell # \_\_\_\_\_

Email: \_\_\_\_\_



**We may email your results and discuss by phone.**

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.**

	Drug Name and Strength	Directions	90 Day Quantity
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

\*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.**