



Medicare Part D Worksheet

Medicare beneficiaries are allowed to select a Medicare prescription drug plan (1) when first enrolling in Medicare, (2) if you move, and (3) again every year between October 15th and December 7th. You should compare insurance plans every year because the coverage changes every calendar year. **Due to COVID-19 we will be counseling by phone.**

Shenandoah Area Agency on Aging Part D Counseling Program will help you compare plans and choose the best plan for your needs on a space-available basis. You may find it helpful to gather your prescription drug bottles and your Medicare card before filling out this worksheet.

PRINT or TYPE

1. First Name: _____ Last Name: _____ M.I. _____
2. Address: _____

3. Zip Code: _____
4. Email Address: _____
5. Telephone: Home No. _____ - _____ - _____
Cell No. _____ - _____ - _____
6. Medicare Claim Number: _____
Part A: _____ (mm/dd/yy)
Part B: _____ (mm/dd/yy)
7. Date of Birth: _____ (mm/dd/yy)
8. 8. What type(s) of prescription drug coverage do you have now?
(Check all that apply)



- Medicare Prescription Drug Plan (PDP)
 - Name of Plan: _____
- Medicare Advantage Plan (HMO, PPO, PFFS)
 - Name of Plan: _____
- Employer or Union Retiree Plan
- Currently working and have employer sponsored health insurance
- Medicaid
- None of the above

Our Service Area: Counties of Frederick, Clarke, Warren, Shenandoah, Page and the City of Winchester
Main Office: 540-635-7141

Please list your preferred pharmacy.

1st Pharmacy: _____ City _____ Zip Code _____

2nd Pharmacy: _____ City _____ Zip Code _____

The VICAP team will assist you by preparing an analysis of your Part D options.

Return the work sheet in one of the ways listed below.

Mail: Virginia Insurance Counseling and Assistance Program
VICAP team
207 Mosby Lane
Front Royal, VA 22630

Email questions or completed work sheet to: Information@shenandoahaaa.com

When your analysis is complete, the VICAP team will contact you to set an appointment to discuss your options.