

2020 Medicare Open Enrollment Screen Form

Please complete this form and return to the address below to get assistance with the Medicare Planfinder for Part D. All information provided is kept confidential. If spouses are seeking screening for Part D, each needs to complete a separate form.

Name: _____

Phone Number: (____) _____ Email : _____

Street Address: _____

City: _____ Zip Code: _____

Date of Birth: _____

Marital Status: Married Widow Single

Medicare Number: _____

Hospital (Part A) Start Date: _____

Medicare (Part B): Start Date: _____

Name of current Part D Plan: _____

Name of Current Health Plan OR Supplement Policy: _____

Are you enrolled in Medicaid? Y N

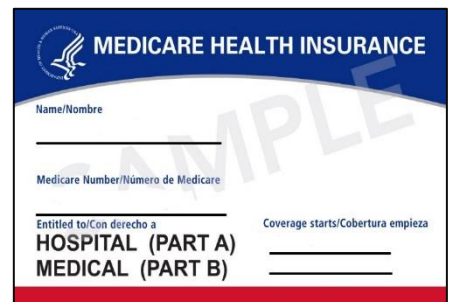
Do you have VA Drug Coverage? Y N

Are you enrolled in Seniorcare? Y N

#1 Pharmacy Choice: _____

#2 Pharmacy Choice: _____

*****Please complete medication list on next page*****



RETURN COMPLETED FORM TO: ADRC of the North- Bayfield County Branch Attn: Marianne

PO Box 100 Washburn WI 54891

Please attach a CURRENT list of prescription medications OR list current medications below. *INCLUDE ALL MEDICATIONS- Including inhalers, injections, etc.

Attach separate sheet of paper if additional space is needed

Prescription Medication	Dosage	# of times per day	Type of Medication (Capsule, Tablet, Ointment, Lotion, Pen, Tube, Etc.)
<u>Example: Simvastatin</u>	20 mg	1x	Tablet

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