Office Use Only:
Previously Contacted SL: Yes or No
Saved Work ID:
Password:
Appointment:
Spouse:

MEDICARE PRESCRIPTION DRUG COVERAGE PERSONAL INFORMATION WORKSHEET

Name:
Address:
Telephone Home: Cell:
Do You Receive Extra Help (Low Income Subsidy): Yes or No Do you have Medicaid: Yes or No
Birth Date:
Medicare ID number: Effective date Part A: Part B:
Preferred Pharmacy: Address:

WHY ARE YOU SEEKING HELP REGARDING MEDICARE PART D? (Check all that apply)

- ☐ I am new to Medicare
- ☐ I have had coverage through insurance, but it is ending: ___________________
- ☐ I just became eligible for Medicaid and/or QMB
- ☐ I am on Medicaid and want to change plans
- ☐ I just moved to NH from another state: Date of move: ______________________
- ☐ I received notice from Social Security that I am eligible for the low income subsidy (LIS)
- ☐ I want to compare plans for the next open enrollment period **(October 15th through December 7th)**

WHAT TYPE OF PRESCRIPTION COVERAGE DO YOU CURRENTLY HAVE?

- ☐ Medicaid
- ☐ Prescription drug coverage through an employer or union plan
- ☐ Prescription drug coverage through a Medicare Part D plan or a Medicare Advantage plan with drug coverage
- ☐ Prescription coverage through the VA
- ☐ None or Unsure

List of Prescriptions: (Prescriptions only)

☐ Yes, I can use lower cost Generic drugs when available ☐ No, I cannot use GENERIC Drugs

☐ Check Here if you would like both Retail Pharmacy (monthly) and Mail Order (Three Month Supply)

Prescription	Dosage	Daily Amounts

Call Hillsborough County ServiceLink Resource Center if you have question about this worksheet:

TOLL FREE: 1-866-634-9412

MANCHESTER: 603-644-2240

NASHUA: 603-598-4709

Hudson Senior Center

PLEASE MAIL THIS WORKSHEET TO:
SERVICELINK RESOURCE CENTER

Appointments @ 578-3929 for Oct. 29, 2018 Monday @ Hudson Senior Center

(~~MANCHESTER~~)
~~555 AUBURN STREET~~, ~~MANCHESTER NH 03103~~

(NASHUA)
70 TEMPLE STREET, NASHUA NH 03060