



Medicare Part D
Prescription Plan Worksheet

Toll Free: 1-877-801-0044 Local: 1-931-379-2927
FAX: 931-379-2685 or Email: sctn.ship@sctdd.org

If you would like to have a free **2023** Part D Insurance Plan or Medicare Advantage Plan **Comparison** done to check your prescription Costs, fill out both sides of this form. We **cannot** do a comparison without **all** of this information. **Please complete and return this form by Sept 30, 2022. Comparisons will be mailed out after Oct 15th.**

Mail to: SHIP/SMP, 101 Sam Watkins Blvd, Mt Pleasant, TN 38474; FAX: 931-379-2685 or Email: sctn.ship@sctdd.org

To request an in person appointment fill in the location of your local Senior Citizens Center.

Example: Maury County Senior Center. Completed forms must be returned prior to appointments being made.

Name: _____ Date of Birth: ____/____/____
[Please provide your name as it appears on your Medicare Card]

Address: _____
[Please provide the address and zip code you have on file with Social Security]

City: _____ State: TN Zip: _____

Phone: _____ County: _____

SSN Number: _____

Email address: _____

What is your Medicare Claim Number? _____

What is your effective Date for Part A? _____ Part B? _____

MEDICARE HEALTH INSURANCE	
Name/Nombre	JOHN L SMITH
Medicare Number/Número de Medicare	1EG4-TE5-MK72
Entitled to/Con derecho a	PART A
Coverage starts/Coertura empieza	03-03-2016
	PART B
	03-03-2016

Searches will be done using MyMedicare.gov. If you have a MyMedicare.gov Account already... we need your

User Name: _____ Password: _____

If you do not have an account, we will make one for you and mail your account info to you with your comparison. You will receive a letter from CMS..welcoming you to MyMedicare.gov a few days after the account is created. If you cancel the account we will Not be able to do the comparison for you.

Do you currently have insurance coverage for Prescriptions ___Yes ___No If yes, check any that apply:

___ Medicare Part D Plan (name) _____

___ Medicare Advantage Plan (name) _____

___ Medicaid ___ Employer/Union Group Health Plan

___ Federal Employee Health Benefit Plan

___ TRICARE for Life ___ Veterans Administration

___ Medigap/Medicare Supplement

___ Other _____ (retirement, private, etc.)

This Publication has been created by South Central TN Area Agency on Aging & Disability with financial assistance, in whole or in part, through grant numbers 90SAPG0069-02-00, 2001TNMISH-00, 2001TNMIAA-00, 2001TNMIDR-00, & 90MPPG006 from the US Administration for Community Living, Dept of Health & Human Services. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy. TN SHIP/SMP does not endorse any Medicare Advantage Plan or Part D Prescription Drug Plan. **We do NOT sell insurance. We do not pick or recommend a plan for you. We simply provide information so that you can make an informed decision for yourself.**

