Medications Worksheet

MEDICARE 863
Susan M. Tighe
(602) 705-1462

Please use this worksheet to make a list of your current medications.
Please use the reverse side if you have someone else in your household.

Name: _____ Medicare Number: _____

Zip code: _____ Phone: _____ Best time to reach me: _____

Current Part D Company: _____ Preferred Pharmacy: _____

Would you consider mail order if cost effective? Yes: ____ No: ____

Do you want this taken out of social security? Yes: ____ No: ____

Do you have a "My Account" on Medicare.gov? Yes: ____ No: ____

If not, do you want me to create an account for you? Yes: ____ No: ____

If you do have an account, and want me to do prep work ahead of our meeting, please provide:

Username: _____ Password: _____

(Note: I *do not store this information, it is specific to evaluating and comparing your Part D plan)*

Name of Medication	**Dosage**	**Frequency**	**How often is this prescription filled?**
Ex. Simvastatin Tablets	20 mg	1/day	90 pills every 3 months
Ex. Humalog 5050 Kwikpens	2mL Pen	50 units/day	Pkg of 5 pens lasts a month

Please return to: Susan Tighe
6704 E Sandhurst Dr.
Prescott Valley, AZ 86314

OR

Take a picture, attach and send email to:
Susan@medicare863.com

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