



For Office Use:
 Date Rec'd: _____
 By: _____

Medicare Worksheet

The 2021 Medicare open enrollment period is October 15 – December 7. This form must be completed and returned to Four Pointes, 1051 Beacon Blvd., Grand Haven, MI 49417 (fax: 616-842-6110). Submitting an incomplete form will delay your appointment.

To fill out this form you will need: medicine bottles for ALL current prescriptions, your Medicare card, and any other health insurance and/or prescription insurance cards.

1 Name: _____ **Phone:** _____
Address: _____ **Apt #** _____ **City/State/Zip:** _____
County you live in: _____ **Township/City/Village:** _____
Date of Birth: _____ **Age:** _____

2 What type of insurance are you interested in having us research for you?
 Prescription Only Prescription with Medical Coverage
 Medical Only Medigap (Supplemental Medical Insurance-no copays)

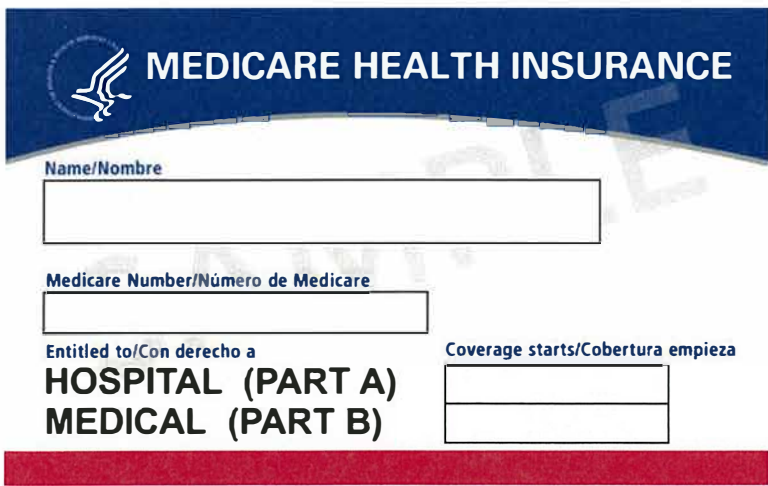
3 Look at your Medicare Card (the one that looks like this one) and fill in all the blanks

4 Complete this section if you want medical insurance. Fill in the number of times you visited each in the last year.

___ Dr _____ times last year
 ___ Specialist _____ times last year
 ___ Hospital _____ times last year
 ___ ER _____ times last year
 ___ Nursing Home _____ times last year
 ___ Lab/Blood Work _____ times last year
 ___ X-Rays _____ times last year

Do you have any upcoming surgeries or medical needs? Yes No

If yes, explain: _____



5 Circle the correct answer and fill in blanks:

Do you have prescription insurance? Yes No
 If Yes, what is the name of your insurance: _____
 What is your current monthly premium: \$ _____

Do you have medical insurance in addition to Medicare? Yes No
 If Yes, what is the name of your supplemental insurance: _____
 What is your current monthly premium: \$ _____

For Office Use: Drug List ID # _____ Date: _____

- 6 List all of the information on your prescription bottles in the boxes below.
 Do this for each medicine you have a prescription for.
 If you use insulin, inhalers or drops, list the number of bottles you use each month.

Drug Name	Dosage (mg)	# Pills/Bottles/Inhalers use per Month
PILL SAMPLE: Coumadin – Warfarin Sodium	20 mg	30
INSULIN SAMPLE: Novolin 70/30		3 bottles
DROPS SAMPLE: Xalatan eye drops	.005%	1 bottle
INHALER SAMPLE: Advair Diskus	100/50	2 inhalers
GENERIC OK		
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Attach additional sheets if your medications do not fit in the space provided.

- 7 What pharmacy do you use to fill your prescriptions? _____
 City: _____
 Do you get all prescriptions filled there? Yes No
 If no, what other pharmacies do you use? _____
 Which prescriptions are filled there? _____

You can also research your insurance coverage options by:

- Calling Medicare at 800-633-4227
- Visiting the Medicare website: www.medicare.gov
- Contacting an insurance agent