



Pre-Enrollment Form

MEDICARE OPEN ENROLLMENT October 15th to December 7th

Once Completed, Return This Form To: East Alabama Regional Planning Commission, SHIP, P. O. Box 2186, Anniston, AL 36202

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () County: _____ Year-Round Resident? Yes No

Email Address: _____

How did you hear about us: _____ Primary Language? _____

I am interested in reviewing my Part D Drug Plan? Yes No Advantage Plan? Yes No

Do you have a Supplement? Yes No Are you happy with your supplement? Yes No

Do you currently have other insurance coverage? Yes No If yes, Which? _____

I need help for: Open Enrollment Initial Enrollment Special Enrollment Other _____

Medicare Card Information MyMedicare.gov Account Info

Name: _____ I Prefer NOT to share this Information

Number: _____ Username: _____

Part A effective Date: _____ Password: _____

Part B effective Date: _____ Security Question: _____

I need a new Medicare Card? Yes No Answer: _____

Income/Subsidy Information Pharmacy Information

Does your monthly income fall below \$1,561 for Single or \$2,114 for Married couple? Yes No

Do your Resources/Assets fall below \$12,890 Single or \$25,720 Married? Yes No

Are you currently receiving? Extra Help

Medicaid MQB Medicare Savings Plan

What is your Preferred Pharmacy? _____

Alternative Pharmacy? _____

Do you use Mail Order?

Yes No

Are there any Medications that are not covered by your current plan? Yes No

List: _____

Please provide us with information about your prescriptions and pharmacy.

NOTE: You may be able to obtain a computerized listing from your pharmacist/pharmacy to attach.
If not, Please complete the chart below. Please attach additional sheets if needed.

Name of Drugs	Strength	Daily Dose
<i>Example: Lipitor</i>	<i>Example: 10 mg.</i>	<i>Example: Twice Daily</i>

Do you have any problems, comments or concerns you would like to discuss?

Appointment Preferences:

I prefer Mornings Afternoons What time works best for you?

I would prefer to have a Phone Appointment Video Chat I can only meet in person

Have you ever participated in a video conference before? Yes No

I prefer to use Zoom Microsoft Teams Google Duo FaceTime Other

I have a computer at my home that I can use? yes no

I am comfortable with the computer yes no

I have internet at my home Yes No I have an active email account? Yes No

FOR OFFICE USE ONLY:

Appointment Scheduled for: Date: _____ Time: _____

Phone Video In-person Sent Comps, Materials, Link Mail Emailed Fax Date _____