COMPARE MEDICAL AND DRUG PLANS REQUEST FORM

DATE:_____ **ALL BLANKS MUST BE COMPLETED**

NAME EXACTLY AS PRINTED ON MEDICARE CARD:_____

COMPLETE MAILING ADDRESS (IF POST OFFICE BOX, ALSO LIST PHYSICAL ADDRESS):

_____

CITY:_____ STATE:_____ ZIP CODE:_____

COUNTY YOU LIVE IN:_____

DATE OF BIRTH: _____ YOUR RACE: _____ GENDER: MALE FEMALE FRAIL: YES NO

MARITAL STATUS: NEVER MARRIED MARRIED WIDOWED DIVORCED SEPARATED

TELEPHONE NUMBER INCLUDING AREA CODE:_____ NUMBER OF OTHER DEPENDENTS: _____

MEDICARE NUMBER (INCLUDING LETTER & numbers AT END):_____
EFFECTIVE DATES ON BOTTOM OF MEDICARE CARD: Hospital (Part A)_____; Medical (Part B)_____

CIRCLE PROGRAMS YOU ARE ON: SSI QMB SLMB/QI LIS EXTRA HELP WITH DRUG COST

GROSS MONTHLY INCOME: $_____ ARE YOU OR YOUR SPOUSE EMPLOYED? YES NO

CIRCLE ONE: ENROLLED IN **ORIGINAL MEDICARE OR** ENROLLED IN A **MEDICARE ADVANTAGE** (MA) PLAN
NAME OF MA PLAN _____

ARE YOU CURRENTLY ENROLLED IN A MEDICARE DRUG PLAN? YES NO
IF YES, NAME OF PLAN:_____

DO YOU HAVE A MEDICARE SUPPLEMENT OR RETIREE MEDICAL PLAN? (EX: QMB, BLUE CROSS C+, AARP, PEEHIP, TRICARE) YES NO
IF YES, NAME OF COMPANY:_____

PHARMACIES YOU USE:_____ DO YOU USE MAIL ORDER? YES NO

HOW OFTEN DO YOU REFILL? PLEASE CIRCLE: 90 DAY SUPPLY IF PERMITTED OR 30 DAY SUPPLY

DO YOU HAVE A WILL? YES NO DO YOU HAVE A POWER OF ATTORNEY? YES NO

CHECK ONE: _____ I AUTHORIZE YOU TO ENROLL ME IN THE MOST COST EFFECTIVE PLAN.
_____ MAIL ME THE COMPARISON, I WILL ENROLL MYSELF.

HOW DO YOU WANT TO PAY THE PREMIUM (IF ANY)? CIRCLE: AUTOMATIC WITHHOLD OR PAY MONTHLY BILL

PRESCRIPTION MEDICATIONS

(MUST HAVE EXACT SPELLING, MILLIGRAMS, & AMOUNT TAKEN, & QUANTITY IN THE CONTAINER)

example: LISINOPRIL - 40MG - 1 DAILY- QUANTITY 90

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
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_____ _____
_____ _____
_____ _____
_____ _____

RETURN COMPLETED FORM TO: CLAYTON DAVIS & ASSOCIATES, 325 N. Oates Street, Suite 7, Dothan, Alabama 36303. SHOULD YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE WITH COMPLETING THE FORM, PLEASE CONTACT US AT 334-671-3990 OR TOLL FREE AT 1-888-671-5246.