

# Information for Medicare Prescription Drug Plan Review

## Mesa County RSVP SHIP

### General Information:

Client Name \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Representative (if appropriate) \_\_\_\_\_

Representative Phone \_\_\_\_\_

Medicare Number \_\_\_\_\_

Effective Dates (on Medicare Card) Part A \_\_\_\_\_ Part B \_\_\_\_\_

Date of Birth \_\_\_\_\_

MyMedicare.gov
User name: _____
Password: _____
Secret Question info: _____

### **MEDICATIONS (Use another page if necessary)**

Name	Dosage Strength	Frequency

<b>Preferred Pharmacies (list up to 2)</b>

**NOTE: Submit this completed form RSVP address shown on the first page. A Medicare SHIP counselor will contact you when the review has been completed. All information will remain confidential at the RSVP Medicare SHIP office.**