NORTH CAROLINA SENIOR CITIZENS ASSOCIATION

2018 Medicare Part D Prescription Drug Plan Finder Tool

The North Carolina Senior Citizens Association will help you find the lowest cost Medicare Prescription Drug Plan that will meet your needs. The following questionnaire will provide the NCSCA staff with the necessary information to prepare a report for your consideration.

IMPORTANT **Complete this form along with your Official Medicare Supplement Application and return in the enclosed postage-paid envelope to: NCSCA, PO Box 34, Fayetteville, NC 28302**

A. Please provide us with your name and address as it appears on your Medicare Card:

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Home Phone: (_____) _____ Cell Phone: (_____) _____

Email: _____

B. Do you currently have insurance coverage for prescriptions? ❑ Yes ❑ No

If the answer is yes, please check the type of coverage below.

❑ Federal Employee Health Benefit Plan ❑ NC State Employee Health Plan ❑ TriCare Coverage

❑ VA Coverage ❑ Other _____

C. Please provide us with your Medicare card information:

1) Name of Beneficiary on card

_____

2) What is YOUR Medicare claim number?

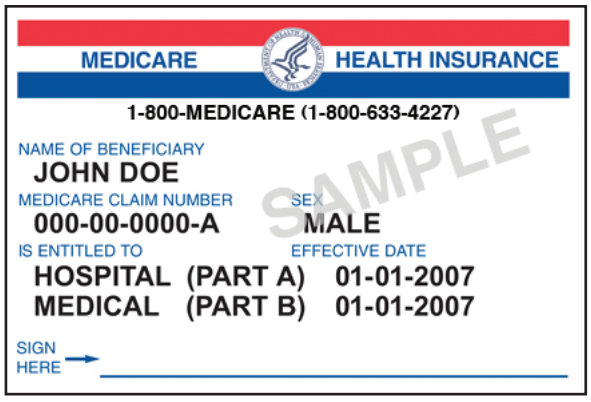
_____

3) What is YOUR effective date for Medicare Part A?

_____

4) What is YOUR effective date for Medicare Part B?

_____



Prescription Drug Helpline: 1-800-290-2246 ext. 21

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Name of Drug	Strength	Daily Dosage
Example: Lipitor	Example: 10 mg.	Example: Twice Daily

I prefer to have my prescriptions filled at the following pharmacies:

First Choice

Pharmacy Name: _____

Address: _____

City: _____

State:_____ Zip: _____

Second Choice

Pharmacy Name: _____

Address: _____

City: _____

State:_____ Zip: _____

Do you prefer a mail order pharmacy? ❑ Yes ❑ No

For Office Use ONLY

Drug List ID #:_____ Password:_____

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