

# NORTH CAROLINA SENIOR CITIZENS ASSOCIATION



## 2020 Medicare Part D Prescription Drug Plan Finder Tool

Part D drug plans change from year to year. We provide **FREE** assistance to NCSCA Medicare clients by analyzing their Medicare Part D drug plan needs and help them with their initial enrollment. We then provide ongoing information and instructions with how to use Medicare's Plan Finder to shop your Part D plan each fall. **This exclusive help is limited to our NCSCA policyholders ONLY.**

**IMPORTANT**

Complete this form along with the 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: \_\_\_\_\_

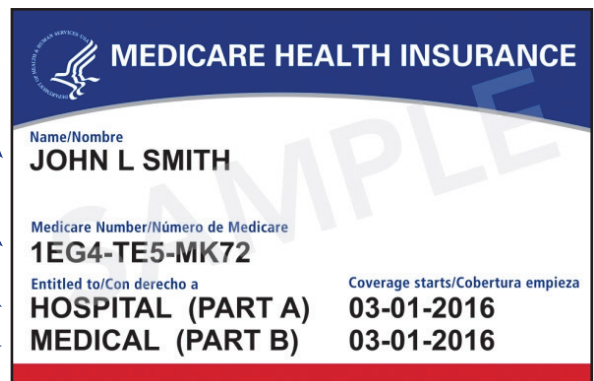
### B. Do you currently have insurance coverage for prescriptions? Yes No

*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: 1-800-290-7535**

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## Medicare Part D Prescription Drug Plan Finder Tool

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:

<p><b><i>First Choice</i></b></p> <p>Pharmacy Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p>	<p><b><i>Second Choice</i></b></p> <p>Pharmacy Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p>
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Do you prefer a mail order pharmacy?  Yes  No

<p><b>For Office Use ONLY</b></p> <p>Drug List ID #: _____ Password: _____</p>
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