

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 _____

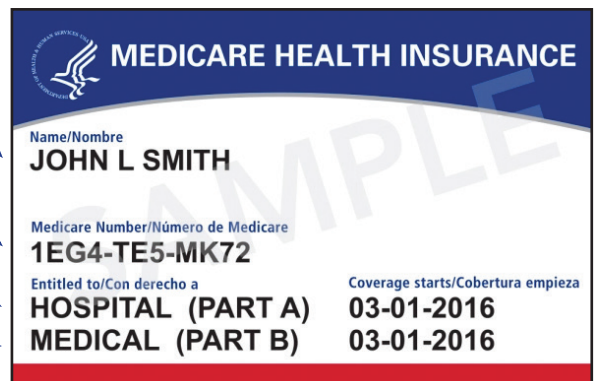
C. Please provide us with your Medicare card information:

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: 1-800-290-7535

