

Appointments are scheduled in October Medicare Annual Open Enrollment Form

October 15 – December 7

All Information provided is kept confidential.

****Required: Must Complete to Schedule Appointment****

Name: _____ Date of Birth: ____/____/____

Address: _____

City/Town: _____ Zip Code: _____

Phone: _____ Marital Status: _____

Have you qualified for Medicare Savings Program? ☐ Y ☐ N

Do you have coverage through your employer? ☐ Y ☐ N

Are you enrolled in Medicaid? ☐ Y ☐ N

Do you have VA Drug Coverage? ☐ Y ☐ N

Are you enrolled in Seniorcare? ☐ Y ☐ N

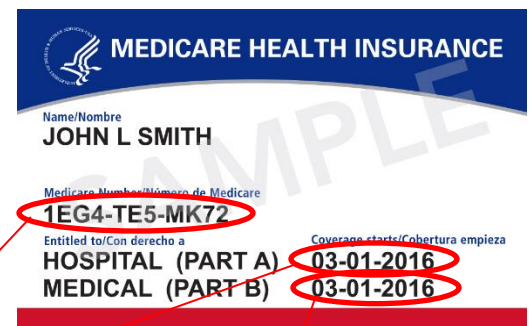
Do you receive Extra Help (LIS)? ☐ Y ☐ N

Medicare Number _____

Coverage Start Date: Part A ____/____/____ Part B ____/____/____

Preferred Pharmacy 1) _____ 2) _____

Do you fill prescriptions by mail order? ____ Yes ____ No



Provide the following information:

Complete name of your health insurance plan as printed on your insurance card

Complete name of your Medicare Part D Prescription Drug Plan, as printed on your card

******We will input your information to compare your option for 2026******

Please select one of the following:

- ☐ Please mail my comparison for my review. If I want to make changes or have questions, I will call to set up a telephone or virtual meeting.
- ☐ Please call me to schedule an in person to go over my comparison.
- ☐ **NEW** Please sign me up for a Part D clinic (Circle Preference)

October 30

November 3

November 18

December 1

On the second page, please list all your prescription medications.

List All Your Prescription Medications

- **Over the Counter** – No need to include on this list
- **Insulin** – list # of bottles per month, for insulin pen or pump list # of cartridge refills per month
- **Inhalers** – list # per month
- **Eye Drops** – list # of bottles per month

Complete Drug Name <i>Example: (Metoprolol Tartrate)</i>	Type <i>(TAB or CAP)</i>	Strength <i>(10 mg)</i>	Dosage <i>(2/day)</i>	Frequency of Refill <i>(30/60/90 Days)</i>

Completed forms **MUST** be received by **November 15th**.

Please mail or drop off to:
Columbia County ADRC.

PO Box 136
111 E. Mullett St.
Portage, WI 53901