



LOCAL HELP FOR PEOPLE WITH MEDICARE

# MEDICARE PART D PRESCRIPTION DRUG PLAN SCREENING FORM

CHOICES *Personal Information Form 2020*  
Southwestern Connecticut Area Agency on Aging



This is **NOT** an application for a Medicare Part D plan. If you want to **enroll** in a Medicare Drug Plan **or change plans**, you or your legal representative can do that in **any** one of the following ways:

- Call 1-800-MEDICARE (800-633-4227) [TTY 877-486-2048] or use their website: [www.medicare.gov](http://www.medicare.gov).
- Call **CHOICES** at 1-800-994-9422 or 1-203-333-9288.
- Call the Plan directly

**PLEASE COMPLETE AND Bring with you to your appointment**

YOUR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_ Email: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Part A: \_\_\_\_\_ Part B: \_\_\_\_\_

**CHECK ALL THAT APPLY:**

- You would like to **compare your present Part D plan with other 2020 plans** to see which is best for you.
- You are **NEW** to Medicare.
- You **DO NOT** receive any assistance paying for your prescriptions from any State or Federal Programs.
- The State pays your **Part B Premium**
- You have **both Medicare and Medicaid**
- You get extra help for your prescriptions from Social Security (**LIS**)
- You have **Veterans Benefits**
- You will no longer have creditable employer or retirement prescription insurance.
- Other (please specify) \_\_\_\_\_

**TURN OVER**

Please complete the other side of this form.  
**Married couples** – please complete TWO separate forms.

# CHOICES *Personal Information Form 2020*

Name: \_\_\_\_\_ Drug List ID \_\_\_\_\_

Password Date: \_\_\_\_\_

## **LIST THE MEDICATIONS YOU TAKE.** (Use additional sheet if necessary)

Preferred Pharmacy 1. \_\_\_\_\_ 2. \_\_\_\_\_ Mail Order: YES \_\_\_ NO \_\_\_

PRESCRIPTION NAME	DOSAGE (ML, MG)	If Generic is available do you wish to use generic?	Monthly Quantity

**Please Mail This Form To:  
Southwestern CT Agency on Aging/CHOICES  
1000 Lafayette Blvd. 9<sup>th</sup> Floor  
Bridgeport, CT 06604**