

Medicare Part D Worksheet

This is Not an Enrollment

Date: _____

First/Middle Initial/Last Name: _____
(as it appears on Medicare Card)

Telephone #: (802) _____

Medicare Claim #: _____

Effective Dates: Hospital Part A: _____ Medical Part B: _____

Social Security #: _____ Date of Birth: _____
(only if different from Medicare #)

Emergency Contact/Phone #: _____

Pharmacy Name/Location _____

Mailing Address: _____

Physical Address: _____
(only if different from mailing address)

	Medication Name	Strength/Dosage	Daily Amt Taken
	<i>Lipitor (example only)</i>	<i>40 mg</i>	<i>1</i>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

