For SCS Use:

Drug list ID: ___________________

Password ID:__________________

Part D Client Information Sheet

<table>
<tr><td colspan="2">The Medicare website (www.medicare.gov) contains an interactive tool to help determine which drug plan is best for you. Please complete this form and send to us and we will run your personalized report and mail to you.
We will not sell or share your personal information with anyone for marketing.
Note: This form <u>does not enroll</u> you in any plan.</td></tr>
<tr><td colspan="2">I understand the above disclaimer. Please sign below:</td></tr>
<tr><td colspan="2">Client Full Name:</td></tr>
<tr><td>Medicare #:</td><td rowspan="3">Address:</td></tr>
<tr><td>Phone Number:</td></tr>
<tr><td>Birth Date:</td></tr>
<tr><td>Medicare Part A Effective Date:</td><td>Name of Current Supplemental Medical Plan:</td></tr>
<tr><td colspan="2">Name of Current Medicare Part D Plan:</td></tr>
<tr><td colspan="2">Preferred Pharmacy Name:</td></tr>
<tr><td colspan="2">If you take a brand-name drug, may we substitute an available generic equivalent when running the report? (Circle) Yes No</td></tr>
</table>

	Prescription Name	Frequency	Dosage
1.			
2.			
3.			
4.			
5.			

Use back if more space is needed.

Please return completed for to Dawn Lund at:

Senior Community Services
10201 Wayzata Blvd. # 335
Minnetonka, MN 55305

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952-767-7887

September 2016