



Medicare Plan Comparison Form

Office Use Only
Appointment Set:

Download form to desktop.
Complete all applicable information.
Save, close and email file to: caac.adrc@caac-al.org or
Print and mail to: CAAC SHIP, 2500 Fairlane Drive, Suite 200
Montgomery, AL 36116

Name: _____ Date of Birth: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ County: _____ Year-Round Resident? Yes No
Email Address: _____
How did you hear about us? _____ Primary Language? _____

I am interested in reviewing my: Part D Drug Plan? Advantage Plan? Supplemental Plan?
I need help with: Open Enrollment Initial Enrollment Special Enrollment Other

Medicare Card Information

Current Additional Insurance

Name: _____ *What plans do you have in addition to your Medicare?*
Number: _____
Part A effective Date: _____
Part B effective Date: _____
I need a new Medicare Card? Yes No

Income/Subsidy Information

Other Information

Is your monthly income below \$1,715 for Single or \$2,320 for Married couple? Yes No
Do your Resources/Assets fall below \$17,220 Single or \$34,360 Married? Yes No
Are you currently receiving? Extra Help
 Medicaid Medicare Savings Plan
Preferred Pharmacies? _____
My doctors are associated with the following hospital systems:
Baptist East
Baptist South
Prattville Baptist
Jackson Hospital
Tallassee Community
Elmore Community
Other

List Current Prescription Medications

You may have a printed list from your pharmacist or an additional sheet attached.

Please do not include Over the Counter (OTC) Medication.

Name of Drug and Strength	Quantity	Frequency
<i>Example: Lipitor 10 mg.</i>	<i>Example: 30</i>	<i>Example: 1 month</i>

Do you have any specific questions or concerns about your coverage?

Appointment Preferences (Just for Open Enrollment Period):

No appointment needed. Please send Plan Comparison Results. I will call if I have questions.
Please call me with Plan Results.
I have an appointment.
In- Person Appointments will be held at 2500 Fairlane Drive, Suite 200. Montgomery, AL 36116
<i>Appointments are one hour per client. Same-day in-person appointments are not available.</i>
<i>Please call 334-240-4680 for appointment information, changes or cancellations.</i>

FOR OFFICE USE ONLY
Notes from Appointment: