



MEDICARE OPEN ENROLLMENT October 15th to December 7th
Pre-Enrollment Form

Complete and FAX with cover sheet to: Rodney Dietrich at 919-542-5191

Or Drop off Completed Form at:

Eastern Chatham Senior Center 365 Hwy 87 N, Pittsboro (919-542-4512) or

Western Chatham Senior Center 112 Village Lake Rd, Siler City(919-742-3975)

Name:

Date of Birth:

Address:

City:

State:

Zip:

Phone: ())

County:

Year-Round Resident? Yes No

Email Address:

Primary Language?

How did you hear about us:

Are/were you a State Employee ? Veteran ?

I am interested in reviewing my Part D Drug Plan? Yes No Advantage Plan? Yes No

Do you have a Supplement? Yes No Are you happy with your supplement? Yes No

Do you currently have other insurance coverage? Yes No If yes, Which? _____

I need help for: Open Enrollment Initial Enrollment Other _____

Medicare Card Information

MyMedicare.gov Account Info

Name:

I Prefer NOT to share this Information

Number:

Username:

Part A effective Date:

Password:

Part B effective Date:

Security Question:

I need a new Medicare Card? Yes No

Answer:

Income/Subsidy Information

Pharmacy Information

Does your Monthly Income fall below \$1,610 for Single or \$2,178 for Married couple? Yes No

What is your Preferred Pharmacy? _____

Alternative Pharmacy? _____

Do your Resources/Assets fall below \$13,290 Single or \$26,520 Married? Yes No

Do you use Mail Order? Yes No

Are you currently receiving? Extra Help

Are there any Medications that are not covered by your current plan? Yes No

Medicaid MQB Medicare Savings Plan

List: _____

Please provide us with information about your prescriptions and pharmacy.

NOTE: You may be able to obtain a computerized listing from your pharmacist/pharmacy to attach.

If not, Please complete the chart below. Please attach additional sheets if needed.

Name of Drugs	Strength	Daily Dose
<i>Example: Lipitor</i>	<i>Example: 10 mg.</i>	<i>Example: Twice Daily</i>

Do you have any problems, comments or concerns you would like to discuss?

Appointment Preferences:

I prefer Mornings (9:00 am - 12:00 pm) Afternoons (1:00 pm - 4:00 pm)

I prefer Monday Tuesday Wednesday Thursday Friday

Will you need a Spanish speaking interpreter? yes no

I would prefer a Phone Appointment or to Meet in person with someone at Piedmont Health and
I prefer to meet at the Moncure Clinic or Siler City Clinic

I have a computer at my home that I can use. yes no

I am comfortable with the computer yes no

I have internet at my home Yes No I have an active email account? Yes No

FOR OFFICE USE ONLY:

Appointment Scheduled for: Date: _____ Time: _____

Phone Video In-person Sent Comps, Materials, Link Mail Emailed Fax Date _____