

TO: Medicare Client

FR: Joy Purkeypile, Southwind Extension District, Family and Consumer Science Agent

RE: Medicare Prescription Drug Coverage Worksheet

Thank you for your request for assistance in comparing plans for Medicare. I am happy to assist you, and want to assure you that any information you provide will be held in the strictest confidence and will only be used to assist with Medicare open enrollment assistance.

This is the process we will use to determine the Medicare plan that will work best for you:

1. Complete the enclosed Medicare Prescription Drug Coverage Worksheet
2. Mail Form to: Southwind Extension District
210 S. National
Fort Scott, KS 66701
3. Or you may return the form to your local Southwind Extension District Office
Fort Scott Office- Bourbon County Courthouse 210 S. National
Erie Office- Neosho County Courthouse 100 S. Main
Iola Office- Allen County Courthouse 1 N Washington
4. I will enter the appropriate information with Medicare and print the plan comparisons.
5. I will then call you to set up a time we can visit to determine the plan that best suits your needs.

Please be thorough and complete with regard to the information about your Medication - including dosage, frequency and how often it is refilled. This is critical to selecting the appropriate plan for you.

Should you have any questions, please do not hesitate to call me at 620-223-3720.