Southwind District
K-State Research and Extension
Allen • Neosho • Bourbon

SHICK
Senior Health Insurance Counseling for Kansas

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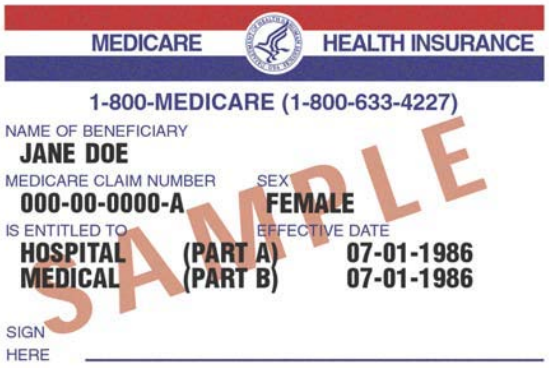
Medicare Prescription Drug Coverage Worksheet

Please Note: any information you provide us will be held in strictest confidence and will only be used to assist with Medicare enrollment assistance. We are honored to serve you.



1. **Date:** _____

2. **Name** (as it appears on Medicare Card):-
   _____

3. **Address:**_____

   State:____ **Zipcode:** _____ **County that you live in:** _____

4. **Phone #:** _____ **Email:** _____

5. **Medicare Claim Number** (please include letter on end) **:**
   ___ ___ ___ - ___ ___ - ___ ___ ___ ___ - ___

6. **Date of Birth:**
   ___ ___ - ___ ___ - ___ ___ ___ ___

7. **Effective Date of Medicare:**
   Part A: ___ ___ - ___ ___ - ___ ___ ___ ___
   Part B: ___ ___ - ___ ___ - ___ ___ ___ ___

8. **Preferred Pharmacy:** _____

SHICK Counselor Use Only

Drug ID #_____

Password Date _____

Entered SHIP Contact _____

--Please Continue on Back—

Current Medication List

- Please list the medications you are currently taking on a daily, weekly, or monthly basis.
- Please DO NOT list over the counter medicines, supplements, or vitamins (even if they are prescribed).
- PLEASE PRINT CLEARLY or attach a list of medications printed from your pharmacy.

Medication Name	Dosage	Frequency	How often refilled
Lipitor (sample)	20mg	once daily	every month

- Optional (You may qualify for help paying for your prescription drugs.)
-

What best describes your income?

Single: ☐ Less than $17,235 per year ☐ Greater than $17,235 per year

Married: ☐ Less than $23,265 per year ☐ Greater than $23,265 per year

What best describes your liquid assets?

Total value of savings, investments, and real estate (not your primary home, vehicles, or burial plots).

Single: ☐ Less than $13,300 ☐ Greater than $13,300

Married: ☐ Less than $26,580 ☐ Greater than $26,580