


2025 Medicare Supplement & Part D Worksheet

Email back to: azirs.myinfo@gmail.com

Mail back to: AZIRS 38285 N Tumbleweed Ln, San Tan Valley, AZ 85140 – Please call us to let us know you are mailing the forms back.

 **Failure to complete ALL information, and/or forms received after 9/15/24, will result in delayed research and/or enrollment.**

Name: _____

Address: _____

Phone: _____ Cell or Home? _____ Email: _____

Medicare #: _____ Part A Start: _____ Part B Start: _____

CURRENT PLAN(s) INFORMATION:

Medicare Supplement Company: _____ Premium: \$ _____

Plan Letter: (ie., F, G, N) Deductible: \$ _____

How happy are you with your Supplemental plan? Very ___ Somewhat ___ Not Happy ___ Reason(s): _____


Current Part D Rx Plan Name: _____ Premium: \$ _____

Did your medications cause you to go into the “donut hole” this year? Y ___ N ___

If yes, what month? _____ When did you get out? _____

Do You Receive Medicare Extra Help? Y ___ N ___ Start Date: _____

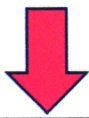
Do you have AHCCCS? Y ___ N ___ Start Date: _____ ID# _____

 MyMedicare.gov Username: _____ Password: _____

Having your Medicare portal information allows me to provide accurate research on all the current medications that you currently receive from your pharmacy. Sometimes people forget to list ALL medications.

***You are NOT obligated to give me your Medicare.gov log-in information, it just makes my job a LOT easier and will ONLY be used to research*

your 2025 Medicare options.



PRESCRIPTION RX INFORMATION



Medication	Dosage	How many per day? Units per day?

Pharmacy: _____ Address: _____