

# 2025 MEDICARE ADVANTAGE PLAN RESEARCH

Please print & fill out then email it back or send it by mail to: AZIRS 38285 N Tumbleweed Ln., San Tan Valley, AZ 85140. If emailing back, please send to our dedicated research email address @ [azirs.myinfo@gmail.com](mailto:azirs.myinfo@gmail.com) no later than 9/15/2024.

➔ 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 Advantage Plan: HMO \_\_\_ PPO \_\_\_ Company: \_\_\_\_\_

Premium: \$ \_\_\_\_\_ Deductible: \_\_\_\_\_ Are Referrals Necessary? Y \_\_\_ N \_\_\_

How happy are you with your Advantage Plan? Very \_\_\_ Somewhat \_\_\_ Not Happy \_\_\_ Reason(s): \_\_\_\_\_

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 Advantage Plan options.*

