

SHIBA Volunteers can assist in finding best Part Drug Plan

Our team of experienced volunteers, trained by the Washington State Office of the Insurance Commissioner, is at your service. Our goal is to help **you** identify the best plan for your specific healthcare needs.

To get started, please complete the information below. This will help provide the information we need to find the plan that will cover your medications at the lowest cost. Please complete and bring it with you to when you meet with one of our volunteers.

Medicare Part D Worksheet

Name:	Telephone:				
Address:					
Preferred Pharmacies: (Please list 2)					
Current Part D Prescription Plan and pharmacy:					
Please list <u>all</u> prescription Medications. Strength, dosage.					

Medication	Generic OK?	Strength	Dosage	Comments
Example:	Yes	10mg	1 tablet 2 times a day	
Lisinopril				

If you receive Medicaio	d or "Extra Help"	based on your inc	ome, check here.		_	
If you want informatio	n on these progra	ams, and your mo	nthly income is les	s than \$1,	843 for a single person	or
\$2,485 for a couple, check here There are other restrictions as well, but you MAY be eligible.						
SHIBA representative r	esults:					
Date: Drug List if applicable:						
Top 3 Plans: 1						
2		3	3			_
Comments:						_
				SHIBA Volu	unteer:	