

What to bring to your Medicare Prescription Drug Program (Part D) counseling session!



SHIBA HelpLine volunteers can help you make an informed decision about Part D. To make your session helpful to you, please bring with you as many of the following items as you can:

- ▶ Your Medicare card or Medicare ID number.
- ▶ Current insurance cards, benefits booklets, or prescription drug cards.
- ▶ Any letters from your current insurance company telling you if your prescription drug coverage is as good as (also called creditable to) Part D.
- ▶ Any letters from the Social Security Administration or Medicare about your eligibility for Extra Help, or changes in your prescription drug coverage.
- ▶ Any letters from the Washington State Department of Social and Health Services (DSHS) about changes to your Medicaid insurance coverage, Medicare health plan premiums, or prescription drug co-pays.
- ▶ Any other correspondence about Part D coverage, including any letters from your employer, union or retiree insurance plan.
- ▶ An estimate of your monthly or annual income.
- ▶ An estimate of your assets (savings, investments, and real estate -- other than your home and one car).
- ▶ Approximate out-of-pocket dollar amount you pay now for prescription drugs and other medical expenses.
- ▶ A completed Medication Tracker form (see back of this page). Your pharmacy can help you answer these questions.
- ▶ The list of questions you want to ask the SHIBA HelpLine volunteer.

The Office of the Insurance Commissioner can help you!

If you have any questions or need additional information about your rights, call our Insurance Consumer Hotline at

1-800-562-6900

or visit our Web site at

<http://www.insurance.wa.gov/>

SHIBA HelpLine's Prescription Medication Tracker

Please list all of the medications you use. To help you fill out this form, you can ask your pharmacist to print you a list of all your medications that includes the strength, dosage, and cost.

Name: _____ Date: _____

Current Rx Medication (Please print clearly)	Strength of drug (mg.)	Dosage (how many/how often)	Actual cost of drugs per month \$ *
Brand name: _____ Generic name: _____			
Brand name: _____ Generic name: _____			
Brand name: _____ Generic name: _____			
Brand name: _____ Generic name: _____			
Brand name: _____ Generic name: _____			
Brand name: _____ Generic name: _____			
Brand name: _____ Generic name: _____			

Total cost of drugs per month >

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* **Actual cost** means full cost before insurance--**not the copayment** or coinsurance you pay. Consult your pharmacist if you do not know the full retail price of a drug.

SHIBA HelpLine is a free public service of the Washington State Office of the Insurance Commissioner. Highly trained and supervised volunteers offer completely impartial and confidential assistance. Our role is to educate, assist and advocate for you so you can make informed decisions. Advisors are never affiliated with any company or product.



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