

SECTION 3 - MEDICARE ADVANTAGE (I.E. HMO, PPO, ETC.) USE ONLY

Please indicate the providers and hospitals you would like considered for your health plan comparison

Name 1 _____

Primary Dr _____ Phone _____

Specialist _____ Phone _____

Specialist _____ Phone _____

Specialist _____ Phone _____

Specialist _____ Phone _____

Specialist _____ Phone _____

Hospital _____

Hospital _____

Name 2 _____

Primary Dr _____ Phone _____

Specialist _____ Phone _____

Specialist _____ Phone _____

Specialist _____ Phone _____

Specialist _____ Phone _____

Specialist _____ Phone _____

Hospital _____

Hospital _____

SECTION 4 - Notes (i.e. message to agent, additional medications, special health requirements, preferred hospitals, etc.) _____

For detailed instructions on how to properly fill out this form, please refer to the newsletter.

The review sheet is also available online at <http://yisonline.com/pdp-review.html>

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