OFFICE USE ONLY: ID 1_____PASS_____ID 2_____PASS_____DATE:_____

SECTION 1

Name 1_____ Name 2_____

Address, City, State, Zip_____County_____

Home #_____Cell #1_____Cell #2_____Your AGENT_____

Email #1_____ Email #2_____

Name 1 - Are you on... PACE? ☐ PACENET? ☐ VA? ☐ LIS? ☐

Name 2 - Are you on... PACE? ☐ PACENET? ☐ VA? ☐ LIS? ☐

Current Rx Company_____Plan_____

Current Health Company_____Plan_____

Preferred Pharmacy_____

Would you switch to save money?_____Would you use MAIL ORDER?_____

Current Rx Company_____Plan_____

Current Health Company_____Plan_____

Preferred Pharmacy_____

Would you switch to save money?_____Would you use MAIL ORDER?_____

SECTION 2

PRESCRIPTION NAME (Include XL, CR, XR, HCL etc.) PLEASE PRINT EXACT SPELLING	'X' if brand Req.	Dose/Strength (MG, MCG, ML, OP, %)	Quantity per fill	Refill Frequency (every month, 3 months, year)	PRESCRIPTION NAME (Include XL, CR, XR, HCL etc.) PLEASE PRINT EXACT SPELLING	'X' if brand Req.	Dose/Strength (MG, MCG, ML, OP, %)	Quantity per fill	Refill Frequency (every month, 3 months, year)

ADDITIONAL SPACE FOR PRESCRIPTIONS AND NOTES ON OTHER SIDE

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		Name 2	
Primary Dr	Phone	Primary Dr	Phone
Specialist	Phone	Specialist	Phone
Specialist	Phone	Specialist	Phone
Specialist	Phone	Specialist	Phone
Specialist	Phone	Specialist	Phone
Specialist	Phone	Specialist	Phone
Hospital		Hospital	
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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