



**What to Bring:**  
**Medicare Counseling Document Checklist**  
 BERKS ENCORE 40 N Ninth St Reading, PA 19601  
 610-374-3195 x208



**Appointment Information:** *Name:* \_\_\_\_\_

*Location:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Time:* \_\_\_\_\_

Below is your checklist. Bring as much info as you can to your **Berks Encore** insurance counseling appointment. That way, we can find the best possible options for your personal situation. Please use a separate form for each person requesting counseling.

- Your Medicare card
- Your Pennsylvania ACCESS, if you have Medicaid
- Other insurance or prescription drug cards and benefit booklets
- Any letters about your insurance coverage, from:
  - o the **Social Security Administration or Medicare** about your eligibility for Extra Help, or changes in your prescription drug coverage
  - o the **Pennsylvania Department of Public Welfare** about changes to your Medicaid coverage, Medicare health plan premiums, or prescription drug co-pays
  - o **any others** about Part D coverage, including letters from your employer, union or retiree insurance plan
- A list of any questions you want to remember to ask.

**My Finances**

- Check one:  For me or  My spouse and myself
- Monthly income \$ \_\_\_\_\_
- Estimated Assets: \_\_\_ less than \$12,510 if single or \_\_\_ less than \$25,010 if married (savings, investments, and real estate – other than your home and one car)

**-- Continued on back --**

**My Medical Costs**

- Approximate monthly amount you pay now for insurance plan premiums \$ \_\_\_\_\_

I am a member of the PACE Plus program

**My Medications (Please use a separate sheet for each person)**

Please bring a list, or list below all of the medications you use. If you are having trouble, bring your medications with you to your appointment or ask your pharmacist to print a list.

<b>Current Medications (generic &amp; brand name)</b>	<b>Strength</b>	<b>Daily Dosage</b>

**The Pharmacy I use is \_\_\_\_\_ I prefer mail order \_\_\_\_\_**

<b>My Name</b>	<b>Address including zip code</b>	
<b>My phone number:</b>		
<b>Medicare ID:</b>	<b>Part A effective date:</b>	<b>Part B effective date:</b>
<b>Date of Birth:</b>		