



For office use:

Received _____
Appt date _____
Counselor _____
Complete _____
ACL _____
Data base _____
Original _____
New _____

**Central Virginia Alliance for Community Living VICAP or email: frontdesk@cvcl.org
501 12th Street, Lynchburg, Va 24504 fax: 434-385-9209**

-  **MEDICARE HEALTH INSURANCE**
- Name/Nombre
JOHN L SMITH
- Medicare Number/Número de Medicare:
1EG4-TE5-MK72
- Entitled to/Con derecho a
HOSPITAL (PART A)
MEDICAL (PART B)
- Coverage starts/Cobertura empieza
03-01-2016
03-01-2016

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9. What is your telephone number?

Medicare Plan Finder Worksheet

10. What *Prescription Drug Coverage* do you now have?

- ☐ Medicare Prescription Drug plan _____ Monthly premium _____
complete name of current plan
- ☐ Medicare Advantage Plan _____
complete name of current plan
- ☐ Virginia Medicaid
- ☐ I have Extra Help with my medications (I pay no more than \$3.95 for generics and \$9.85 for Brand names)

11. Which prescription medications do you currently take?

Please enter your prescription medications. *Please give exact name of drug, including ER, XR etc.*

If you take generics, please give only the generic name.

Name of Prescription Drug	Dosage: example: 500mg for pills, tablets; or 0.5 % for solutions or creams Size 2.0oz bottle or .5 oz tube	How much you buy for 1 month (30 days) Example: 30 pills, 1 tube, 1 box of 60 aerosols, 1 box of 5 pens) Do NOT put "as needed"
For example: Atorvastatin	20 mg	30 per month

Please use additional sheets if needed

List 2 pharmacies you prefer using:

Pharmacy name _____ Pharmacy name _____

We are happy to help you regardless of your income, but if you can answer **YES** to this question, you may be eligible for extra help with your medication costs (and pay no more than \$3.95 for generics and \$9.85 for brand names)

Is your monthly income and combined assets (other than your home and car) less than:

- ☐ YES \$1719 income/\$15,510 assets if you live alone or
- ☐ YES \$2309 income/\$30,950 assets if you are married and living together?