

## Medicare Planner Sheet

Medicare has several parts and multiple plan options to choose from. In order to avoid higher costs and/or complications, a little upfront planning is necessary.

Our Medicare Planner Sheet will help you gather the information that you or your insurance advisor will need when determining your best Medicare options.

## Personal Information

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Zip Code:** \_\_\_\_\_ **County:** \_\_\_\_\_  
**Medicare Number:** \_\_\_\_\_ **Part A Date:** \_\_\_\_\_  
**Preferred Email:** \_\_\_\_\_ **Part B Date:** \_\_\_\_\_

## Current Coverage

Type	Company	Plan	Premium
Medicare Supplement			
Prescription Drug Plan			
Medicare Advantage			
Group/Individual			

## MyMedicare.gov

I do not have a MyMedicare.gov account. Please assist me in creating one.

Mother's maiden name: \_\_\_\_\_

I have a MyMedicare.gov login.

Username: \_\_\_\_\_

Password: \_\_\_\_\_

**CONTINUE TO NEXT PAGE TO INPUT PRESCRIPTION  
& PHYSICIAN INFORMATION**

**Prescription Information**

Preferred Pharmacy: \_\_\_\_\_

Second choice pharmacy: \_\_\_\_\_

Please list all medications you currently take below.

Prescription Medication	Dosage	Number taken per day

**Physician Information**

Primary Care Physician: \_\_\_\_\_

Please list any specialist physicians you see in addition to your primary doctor. THIS IS NOT REQUIRED IF YOU ARE ON A MEDICARE SUPPLEMENT PLAN.

Specialist Name	Specialty

That's it! Next, it's time to start reviewing Medicare options. We recommend using a Medicare professional to assist you. Please provide this document to the professional you are working with, or you can email it to [Support@BothHandsFG.com](mailto:Support@BothHandsFG.com)