

Physician Information

Primary Care Physician: _____

Please list any specialist physicians you see in addition to your primary doctor.

Specialist Name	Specialty

Current Plan

Please list your current plans and premiums.

Current Medicare Supplement Ins Co	
Current Medicare Supplement Plan	
Current Medicare Supplement Monthly Premium	
Current Medicare Prescription Drug Plan Ins Co	
Current Medicare Prescription Drug Plan Name	
Current Medicare Prescription Drug Plan Premium	
Current Medicare Advantage Plan Ins Co	
Current Medicare Advantage Plan Name	
Current Medicare Advantage Plan Premium	

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 have chosen or if you need help locating a professional please visit www.bothhandsfg.com for help.