

Cajun Area Agency on Aging
PO Box 60850
Lafayette, LA 70596
337-572-8940 1-800-738-2256
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Medicare Part D Prescription Plan Worksheet

You will receive a personalized comparison in the mail regarding the top 3 most affordable plans. Please provide your Name and Address that Medicare and Social Security have on file.

Name: _____

Date of Birth: ___/___/_____

Address: _____

City: _____, LA

Zip: _____

Phone: _____

Parish: _____

Medicare Claim Number: _____

What is your effective date for Medicare?

Part A _____

Part B _____

Name of Pharmacy: _____

Do you prefer mail order? Yes _____ No _____

Name of drugs, strength and how many per day?

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____