2025 Medicare Information Form

Name:			
(First)	(Middle)	(Last)	
		Current RX Plan	
Phone #:			
Email Address:			
Birthdate:		Pace/Pacenet Yes / No	
Zip:		ID#	
Medicare #:	-		
Part A Start (Hospital):		Preferred Pharmacy:	
	Part B Start (Medical):		•
Pay premium via Social Se	curity or Paper Bill (circle one)	
		Pens per month?	Tablets or
Name of Prescription	Dosage (mg)	Bottle per month?	capsules

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Name of PCP	Address	

Name of Specialists	Specialty	Address	