



# Medicare Prescription Drug Coverage Worksheet

**KANSAS STATE  
UNIVERSITY**

Extension  
River Valley District

Please complete both sides of this form and return it to the River Valley Extension District Office as soon as possible, but no later than one week before your appointment.

1. What is your name as it appears on your Medicare card?

\_\_\_\_\_

2. What is your Medicare Claim Number?

\_\_\_\_\_

3. What is the effective date for your Medicare?

Hospital (Part A) \_\_\_\_\_  
*Month/Date/Year*

Medical (Part B) \_\_\_\_\_  
*Month/Date/Year*

4. What is your date of birth? \_\_\_\_\_  
*Month/Date/Year*

5. What is your address? \_\_\_\_\_

City, State, Zip Code? \_\_\_\_\_

Phone Number? \_\_\_\_\_

Email Address? \_\_\_\_\_

What county do you live in? \_\_\_\_\_

6. List the pharmacy or pharmacies you use. Include the pharmacy name and city location.

\_\_\_\_\_

7. Do you have an online Medicare.gov account?

a. \_\_\_\_\_ Yes, it's already on file with the Extension Office.

b. \_\_\_\_\_ Yes, my information is below:

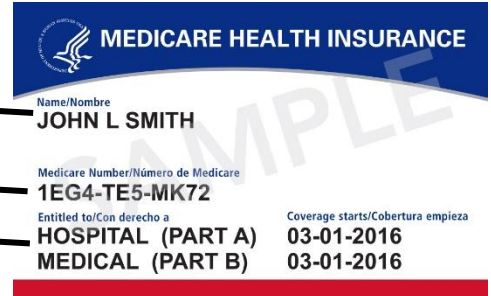
Username: \_\_\_\_\_ Password: \_\_\_\_\_

Security Question: \_\_\_\_\_ Answer: \_\_\_\_\_

If yes to 7a or 7b, do you have dual authentication (text, email, etc.) on your account? \_\_\_\_\_ Yes \_\_\_\_\_ No

c. \_\_\_\_\_ No, please create an account for me.

d. \_\_\_\_\_ No, I prefer not to have an account.



## Office Staff Use Only

Appt Date: \_\_\_\_\_

Appt Time: \_\_\_\_\_

Counselor: \_\_\_\_\_

Date Received in Office: \_\_\_\_\_

**MUST COMPLETE INFORMATION ON BACK**

8. List the prescription drugs you currently take. Be as specific as possible. Include the dosage, type, and how often you take it per month. Print clearly. If you need additional space, please attach a piece of paper. You may choose to attach a printout of your drugs from your doctor or pharmacy instead.

Prescription Drug Name	Dosage/Type <i>Ex: 30 mg/capsule</i>	30 Day Quantity <i>Ex: 2 pills a day = 60</i>

9. Is your total gross income (amount before deductions) below these guidelines? \_\_\_ Yes \_\_\_ No
- Individual      \$1,956                      Married Couple      \$2,643

10. Are your resources/assets (bank accounts, retirement accounts, stock/bonds, etc) below these guidelines? (not including primary residence and vehicle) \_\_\_ Yes \_\_\_ No
- Individual      \$17,600                      Married Couple      \$35,130

11. **Disclaimer:** I confirm that all the information I have provided is truthful and accurate.

I give permission to the SHICK Counselors and River Valley Extension District staff to use my Medicare.gov username and password. If I do not have a Medicare.gov account set up and checked the box on #7 to create an account, I give permission to the SHICK Counselors and River Valley Extension District staff to create a username, password, and security question. I understand that I will receive a letter or email in the next few weeks stating that an account has been created for me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information on SHICK or Medicare, please contact River Valley Extension District Agents:

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**Kansas State University Agricultural Experiment Station and Cooperative Extension Service**  
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