Medicare Checklist

UTAH SENIOR PLANNING
ASSET PROTECTION • PUBLIC BENEFITS

This checklist will help prepare you for the Open Enrollment Season or for changing plans throughout the year due to a Special Election Period. Please call us at 801-546-9556 if you have further questions or to schedule an appointment. You can also email us at info@utahseniorplanning.com.

Medicare Beneficiary Information

☐ Copy of Medicare Card
Full Name: ______________________________
Medicare Number: ________________________
Medicare A Effective Date: ________________
Medicare B Effective Date: ________________
Date of Birth: ____________________________

Current Medicare Plan

☐ Traditional Medicare
☐ Medicare Advantage or Replacement Plan:
____
☐ Medicare Supplement Plan:
____
☐ Medicare Prescription Plan:
____

Other Information

☐ Home Address: ____________________________
____
☐ Mailing Address: __________________________
____
☐ Home Phone Number: _______________________
☐ Cell Phone Number: ________________________

Primary Care Physician

☐ Physician Name: ____________________________
Address: ____________________________________
____

Other Important Physicians

☐ Physician Name: ____________________________
Address: ____________________________________
____

☐ Physician Name: ____________________________
Address: ____________________________________
____

☐ Physician Name: ____________________________
Address: ____________________________________
____

Hospital of Choice

☐ Name: ______________________________________
☐ Address: ____________________________________
____

Skilled Nursing Facility of Choice

☐ Name: ______________________________________
☐ Address: ____________________________________
____

Current Prescriptions

☐ Medication Name: _______________
Dosage: _______________________
Quantity in 30 Days: ____________

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Dosage: _______________________
Quantity in 30 Days: ____________

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