

Medicare Checklist

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: _____ | ■ Medication Name: _____
Dosage: _____
Quantity in 30 Days: _____ | ■ Medication Name: _____
Dosage: _____
Quantity in 30 Days: _____ |
| ■ Medication Name: _____
Dosage: _____
Quantity in 30 Days: _____ | ■ Medication Name: _____
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