Aging & Disability Resource Center of Sauk County, 505 Broadway Baraboo, WI 53913

Medicare Part D Disclaimer and Information Sheet

BOTH SIDES of this form must be fully completed, signed by the customer and returned to the ADRC at the address above in order for us to assist you with your drug plan review. *One sheet per person*

NOTICE TO CUSTOMERS OF ADRC OPEN ENROLLMENT REVIEWS

The ADRC will assist you in exploring your drug plan options by using the plan finder tool on Medicare's website, www.medicare.gov. The ADRC's role is to provide you with assistance, information and guidance so that you can choose the plan you feel is best for you. **The ADRC cannot and will not choose a plan for you**.

You must reside within Sauk County in order for the ADRC of Sauk County to assist you with your drug plan review. If you reside outside Sauk County, please contact the ADRC within your county of residence for assistance.

Accuracy of results depends upon information provided by the Part D plans on Medicare's website and information provided by you on this form. The Medicare website is subject to revision and/or error. The drug prices are approximate and total year costs are estimates.

If, after reviewing your drug plan options, you wish to enroll into a new plan for next year, the ADRC will complete the enrollment process for you, provided your consent has been provided.

If you are unavailable to provide consent yourself, you may appoint a representative to do so on your behalf. Your representative must provide written proof that they are authorized to enroll you into a different plan for next year. Without such proof, the ADRC will not complete the enrollment process for you. Instead, the ADRC will provide your representative with your plan finder results and instructions for how you can complete the enrollment process on your own.

A signature below indicates that you have read, understand and agree to the information in this disclaimer and you are requesting that the ADRC provide you with assistance to review your Medicare Part D Plan:

Signature ____ Date ______________________

PLEASE FLIP FORM OVER AND FILL OUT COMPLETELY!

Please fill out the back of this form as completely as possible and return it to the ADRC office at 505 Broadway Street in Baraboo. Once received, the ADRC will contact you to schedule a time to assist you with your drug plan review. You may return your form by mail or in person. The ADRC will attempt to accommodate your appointment method of preference if possible.

Last Name	**First Name**	**Middle Initial**
Address	**City**	**State** **Zip**
Home Phone Number (______) __________-____________	**Cell Phone Number** (______) __________-____________	**Email Address** _________________________________
Marital Status: Married Widowed Single Divorced Separated **Lives alone**: Y N	**Date of Birth:** ______/_______/_____________	**Sex:** M F **Race:** W Af Am Hisp Am Ind Asian Other

Please Circle Any That You Currently Have:

Senior Care **Extra Help with your Drug Plan Costs** **Medicaid** **Medicare Savings Plan**

Do you have Veterans Health Care, VA Meds by Mail or are you a Veteran? **Yes______** **No_______**

How did you hear about the ADRC Medicare Part D Clinic or services? ____

I PREFER TO HAVE MY APPOINTMENT: In Person ______ By Phone _______ (please check one)

Medicare Number_________________________________ **Start Date** Part A ______________ Part B _________________

Medicare Account (if applicable) Username __________________________ Password ___________________________

Preferred Pharmacy: __________________________________ 2nd Choice ____

Willing to use Mail Order? Y N 3rd Choice ____

Name of your Current Drug plan:

Provide a list of your prescribed medications including dosages or attach a current printout from your pharmacy:

***Please Confirm you have SIGNED where required! Forms without valid signatures will not be accepted. Forms must be RECEIVED by our office no later than December 1st. ***

"The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied most services if you refuse to provide this information. If you have questions regarding this, please ask the aging unit staff. ".

S:\Elder Benefit Specialist/Medicare Part D/ Medicare Part D Data sheet