



# Medicare Plan Comparison Form

Office Use Only  
Appointment Set:

Download form to desktop.  
Complete all applicable information.  
Save, close and email file to: [caac.adrc@adss.alabama.gov](mailto:caac.adrc@adss.alabama.gov)  
or  
Print and mail to: CAAC SHIP, 2500 Fairlane Drive, Suite 200  
Montgomery, AL 36116

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_ County: \_\_\_\_\_ Year-Round Resident? ☐ Yes ☐ No

Email Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Primary Language? \_\_\_\_\_

I am interested in reviewing my: Part D Drug Plan? ☐ Advantage Plan? ☐ Supplemental Plan? ☐

I need help with: ☐ Open Enrollment ☐ Initial Enrollment ☐ Special Enrollment ☐ Other

## Medicare Card Information

## Current Additional Insurance

Name: \_\_\_\_\_ What plans do you have in addition to your Medicare?

Number: \_\_\_\_\_

Part A effective Date: \_\_\_\_\_

Part B effective Date: \_\_\_\_\_

I need a new Medicare Card? ☐ Yes ☐ No

## Income/Subsidy Information

## Other Information

Is your monthly income below \$1,661 for Single or \$2,239 for Married couple? ☐ Yes ☐ No

Do your Resources/Assets fall below \$16,600 Single or \$33,240 Married? ☐ Yes ☐ No

Are you currently receiving? ☐ Extra Help

☐ Medicaid ☐ Medicare Savings Plan

Preferred Pharmacies? \_\_\_\_\_

My doctors are associated with the following hospital systems:

- ☐ Baptist East  
☐ Baptist South  
☐ Prattville Baptist  
☐ Jackson Hospital  
☐ Tallassee Community  
☐ Elmore Community

Other \_\_\_\_\_

## List Current Prescription Medications

You may have a printed list from your pharmacist or an additional sheet attached.

Please do not include Over the Counter (OTC) Medication.

Name of Drug and Strength	Quantity	Frequency
<i>Example: Lipitor 10 mg.</i>	<i>Example: 30</i>	<i>Example: 1 month</i>

### Do you have any specific questions or concerns about your coverage?


### Appointment Preferences (Just for Open Enrollment Period):

☐ No appointment needed. Please send Plan Comparison Results. I will call if I have questions.

☐ Please call me with Plan Results.

☐ I have an appointment.

In- Person Appointments will be held at 2500 Fairlane Drive, Suite 200. Montgomery, AL 36116

*Appointments are one hour per client. Same-day in-person appointments are not available.*

***Please call 334-240-4680 for appointment information, changes or cancellations.***

### FOR OFFICE USE ONLY

Notes from Appointment: