



Medicare Appointment Preparation Checklist

Use this printable checklist before a Medicare conversation or plan review.

NAME

APPOINTMENT DATE

ZIP CODE

01

Confirm your timing and current coverage

- | | |
|---|--|
| ☐ Month and year you turn 65 | ☐ Current employer, retiree, COBRA, marketplace, or military coverage |
| ☐ Medicare Part A and Part B effective dates, if known | ☐ Whether you or an employer contributes to an HSA |
| ☐ Expected retirement or employer coverage end date | ☐ Any enrollment or coverage notices you received |

02

Bring the details that shape a plan comparison

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|---|--|
| ☐ Medicare card or application status | ☐ Prescription names, dosages, and refill frequency |
| ☐ Current insurance cards | ☐ Preferred retail and mail-order pharmacies |
| ☐ Primary doctor and specialists | ☐ Travel plans or a second residence |
| ☐ Preferred hospitals and medical groups | ☐ Monthly budget and coverage priorities |

03

Questions to answer before changing coverage

- ☐ Will my doctors, medical group, and preferred hospitals be available?
- ☐ How are my prescriptions covered, and which pharmacies are preferred?
- ☐ What could I pay in premiums, copays, coinsurance, and annual out-of-pocket costs?
- ☐ When should my old coverage end and my Medicare coverage begin?

Notes and questions for my advisor
