



Doctor, Hospital & Medical Group Worksheet

Record the care relationships you want checked against an exact Medicare plan.

NAME

COUNTY

ZIP CODE

Doctors and specialists

DOCTOR OR SPECIALIST	SPECIALTY	MEDICAL GROUP	PLAN CHECK

Hospitals, clinics, and facilities

HOSPITAL OR FACILITY	CITY	WHY IT MATTERS	PLAN CHECK



Prescription & Pharmacy Worksheet

Use exact medication details when comparing formularies, tiers, restrictions, and annual costs.

NAME

PREFERRED PHARMACY

Prescription list

MEDICATION	DOSAGE	FREQUENCY	QUANTITY	PLAN NOTES

Other pharmacy or mail-order preferences

Questions about coverage rules or costs

PRIVACY REMINDER Keep this worksheet for your records. Do not send Social Security, Medicare ID, or account numbers by ordinary email.