Skyline Benefit

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

For planning purposes - do not include Social Security or Medicare ID numbers.

Skyline Benefit

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.