



Part D Medication Worksheet

Organize Your Prescriptions Before Comparing Drug Plans



Complete this worksheet before reviewing Medicare Part D plans so you can accurately compare prescription drug coverage and costs.

Current Prescription List

Medication	Strength	Times/Day	30 or 90 Days?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Preferred Pharmacies

Primary Pharmacy: _____

Secondary Pharmacy: _____

Mail Order Preference: ☐ Yes ☐ No

Preferred Pharmacy Network Required: ☐ Yes ☐ No

Annual Part D Review Notes

Current Drug Plan: _____

Estimated Annual Drug Cost: _____

Preferred Plan for Next Year: _____

Questions for My Medicare Advisor:

Need Help Comparing Part D Plans?

William Gray

The Medicare Dude™

Independent Medicare Broker Since 1998

■ 386-871-3858