Medicare Open Enrollment 10/15 - 12/7
Drug Plan Review Form

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Drop off or Mail to: The Nelson Senior and Community Center
120 Mansfield Ave Norton, MA 02766

Name _____ Phone _____ D.O.B. _____

Address _____ Norton, MA 02766

Medicare # _____

Medicare.gov Account

Username: _____

Password _____

Part A effective date _____

Part B effective date _____

Preferred Pharmacy _____

I give Norton SHINE Counselors permission to research my plans by signing into mymedicare.com account. New passwords may be created.

SIGNED: _____

LIST YOUR PRESCRIPTION MEDICATIONS: (do NOT include over the counter meds)

NAME OF DRUG (as it appears on bottle)	STRENGTH	DOSAGE
Example: Lipitor	*Example: 10 mg*	*Example: Twice Daily*

Please add additional sheets as necessary

- **NO appointments will be made until AFTER we review this form**
- **Incomplete or illegible forms will NOT be reviewed**
- **Forms from those who have MassHealth or a Medicare Advantage Plan (HMO/PPO) are not limited to the 12/7 deadline, and will be completed only as time permits.**