WESTERN ILLINOIS AREA AGENCY ON AGING
Aging & Disability Resource Center

729 34th Avenue, Rock Island, IL 61201
Phone (309) 793-6800 / Toll Free (800) 322-1051

MEDICARE PART D PLAN FINDER WORKSHEET

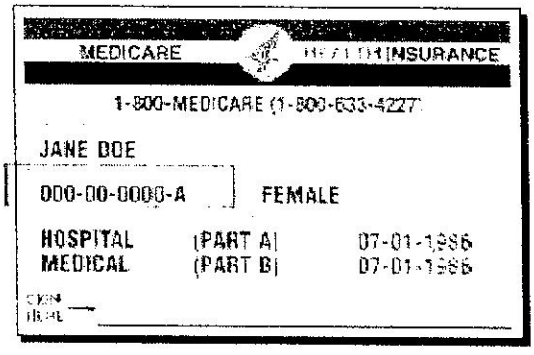
First Name: _____ Last Name: _____

Home Phone Number: _____ Cell Phone Number: _____

What is your ZIP Code?

What county do you live in? _____

What is your Medicare Number?



What is your Date of Birth?

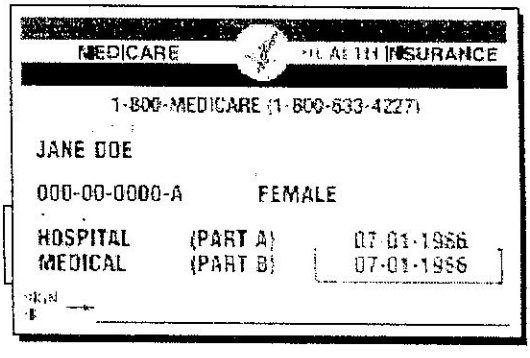
Month Day Year

What is your effective date (when you first enrolled) for Medicare Part A?

Month Day Year

OR What is your effective date (when you first enrolled) for Medicare Part B?

Month Day Year



Is there a pharmacy you prefer to use?

○ Yes (if yes, please provide the name and address of your preferred pharmacy

○ No

Name of Pharmacy

Street Address

City	State	ZIP Code

Please turn over to list your medications on the reverse side