

# New to Medicare Worksheet



Completing this worksheet is a great first step as you explore your Medicare options. It's an easy way to organize your preferences, prescriptions, and current providers to help you compare plans and find the one that best fits your needs. This information will be a valuable tool, whether you're looking at plans on your own or with the help of a licensed agent.

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## Current Coverage

Do you have health insurance through work?

Yes

No

Plan type (ex. HMO or PPO): \_\_\_\_\_

Have you enrolled in Medicare Part A or Part B?

Yes—Part A only

Yes—Part B only

Yes—both Part A and Part B

No

Effective dates: \_\_\_\_\_

When is your last day of work? \_\_\_\_\_

## Your Health Details (Answers to these questions will not affect your ability to enroll in a plan.)

Chronic conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Known surgeries/procedures in the next 12 months:

\_\_\_\_\_

## Providers and Hospitals

Primary care physician: \_\_\_\_\_

Specialists: \_\_\_\_\_

Hospital of choice: \_\_\_\_\_

