

In order to find the best Medicare Part D plan for you, we will need a detailed list of your medications. These medications will be entered into Medicare.gov and a plan comparison will be run to show the three best plans based on coverage and overall cost.

Prescription Name	Dosage	30-Day Quantity
Example: Drug XYZ	50 mg	30

AUTHORIZATION TO RELEASE OF INFORMATION

I hereby authorize Western Illinois Area Agency on Aging or one of their funded Community Focal Points to enter my information provided in this Medicare Plan Finder Worksheet into Medicare.gov to complete a Medicare Part D plan comparison. I understand that the information supplied will be kept confidential and not provided to any other party.

Signature

Date