THOMPSON MEDICARE BROKERAGE

Prepare for Your Medicare Review

Gather what you know. Leave anything uncertain blank so we can review it together.

01 Your current coverage

Plan name / coverage type and year

Medicare Part A start date

Medicare Part B start date

Current plan premium (if known)

Upcoming coverage end or change date

02 Doctors and places you want to keep

Doctor / specialist / facility	Office address or city

03 Notices and expected changes

Have your annual change notice, premium letter or other coverage notice nearby.

Notice / planned change and any effective date or deadline

04 Your questions and priorities

For example: keeping a doctor, drug costs, travel, or a premium increase.

Medicines & Pharmacy

Copy the exact details from your medicine labels or bring a current pharmacy list.

Preferred pharmacy and location

Other pharmacy or mail-order service you use

Medicine name (including form)	Strength	How often you take it	Refill quantity / days supplied

Need more room? Print another copy of this page or use your pharmacy list.

05 Prescription and pharmacy questions

Keep this worksheet with you. Do not add Medicare or Social Security numbers. Ask Benjamin how to share personal details securely.