



# 2024 PRESCRIPTION DRUG PLAN REVIEW

## Tyrone Carr & Associates

Name:	Medicare ID#:	Part A Effective Date:	Part B Effective Date:
Address (please include your zip code):	Current Drug Plan & Premium Cost:	Method To Receive Your PDP Review Results: <span style="float: right;">Email / Phone</span>	
		Interested In Learning About Medicare Advantage Plans? <span style="float: right;">Yes / No</span> <i>(if yes, please list your doctors on the back of the form)</i>	
County:	Birthdate:	Interested In Dental, Vision, & Hearing Coverage? <span style="float: right;">Yes / No</span>	
Home Phone:	What Pharmacy Do You Use?	Interested In Obtaining Quotes For Home & Auto Insurance? <span style="float: right;">Yes / No</span>	
Cell Phone:	Do You Get Your Prescriptions By Mail?	Interested In Obtaining Quotes For Life Or Final Expense Insurance? <span style="float: right;">Yes / No</span>	
Email:	Do You Travel Internationally?	Interested In Learning About Financial Planning Services? <span style="float: right;">Yes / No</span>	
Spouse's Name & Birthdate:		Are You Willing To Switch Pharmacies If You Can Save Money? <span style="float: right;">Yes / No</span>	

### CURRENT MEDICATION LIST

Medication Name	Generic Y/N	Dosage <i>(e.g, mg or mcg)</i>	Medication's Form <i>(e.g, capsule, inhaler)</i>	Prescribed Frequency <i>(e.g, 2/day or as needed)</i>	Refill Frequency <i>(e.g, 30 days or 90 days)</i>	Coupons Are Used For This Medication <i>(e.g, GoodRx)</i> Y/N	Notes On Medication <i>(e.g, if your script is for eye drops, include the strength percentage &amp; bottle size)</i>

PLEASE RETURN YOUR FORM PROMPTLY & WE WILL BEGIN CONTACTING YOU IN OCTOBER TO DISCUSS PLAN OPTIONS AND DETAILS. YOU CAN SUBMIT YOUR FORM BY MAIL, EMAIL, OR FAX (LISTED BELOW).

Mail: Tyrone Carr & Associates 10299 E. Grand River Ave. Suite K Brighton, MI. 48116	Email: <a href="mailto:rxpdp@tcarrassociates.com">rxpdp@tcarrassociates.com</a> Fax: (810) 534-3009 Phone: (810) 534-3008
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**Please Provide The Following Information If You Are Interested In Medicare Advantage Plans**

*(Please list all of your doctors & include specialists, dentists, & chiropractors)*

<u>Doctor's Name</u>	<u>Doctor's Location</u>