Medicare Part D (Rx) Plan Evaluation

The following disclosure of your private information is voluntary. This information will only be used to determine which Medicare Part D Prescription Drug plan will best serve your needs. You may also perform this evaluation at www.medicare.gov and then give us a call for enrollment assistance. If you prefer to have Health Insurance R Us perform this evaluation, please complete the enclosed "My Prescription Drug List" and return it to our office by fax, email, or regular mail. Please make sure to include your email address because the evaluation will be provided via email.

1. By Fax at: (866) 777-1139

2. By Phone at: (800) 300-0205

3. Email: PartD@rothmanins.com

4. By Mail:

Health Insurance R Us 2222 Ave of the Stars, Suite 903E Los Angeles, CA 90067

Please note:

The results of this evaluation are generated by Medicare's Prescription Drug Plan evaluation tool found on Medicare's official website (www.medicare.gov) and is only as accurate as the drug list you provide. Therefore, please be advised that Health Insurance R US is not responsible for any errors or miscalculations that may occur on Medicare's site.

My Prescription Drug List

Name:
Address:
Phone number:
Email (required):
Current Part D Plan Name:
Current Pharmacy Name & Address:

Consider					
Entire Name of the Drug	Generic? (Y/N)	Form	Dosage	Frequency Used	
Example: Potassium Chloride CR	Y	Capsule	10 mg	1 once a day	