



**SENIOR COMMUNITY SERVICES**  
**APPRISE Prescription Drug Plan Comparison**  
**1-484-494-3769**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

ZIP \_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate \_\_\_\_\_

Medicare Number \_\_\_\_\_

Effective Date for Medicare "Part A" \_\_\_\_\_ "Part B" \_\_\_\_\_

Current Medical Insurance (Please indicate name of company and policy type)

\_\_\_\_\_

I have:  Medical Plan Only  Medical and Drug Plan

Current Prescription Drug Plan \_\_\_\_\_

I receive my medications from  Pharmacy  Mail

Primary Pharmacy Name \_\_\_\_\_

Do you receive Extra Help/MSP Programs? Yes  No

***Do Not Write Below this Line – APPRISE COUNSELOR ONLY***

Password: \_\_\_\_\_ Medicare Drug List ID: \_\_\_\_\_

Date: \_\_\_\_\_ Zip Code Used: \_\_\_\_\_ Plan Call # \_\_\_\_\_

New Health/Prescription Plan (Circle One) Name \_\_\_\_\_

New Plan Confirmation # \_\_\_\_\_

**MAIL TO: APPRISE – SENIOR COMMUNITY SERVICES**  
**1515 LANSDOWNE AVE. DARBY, PA 19023**

**OVER**

