



**What to Bring Counseling Document Checklist**

**Appointment Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Delaware County Apprise Program**

**Please call if you need to cancel 484-494-3769**

**(PLEASE ARRIVE 15 MINUTES EARLY TO YOUR APPOINTMENT)**

**Help Us Help You Below is Your Documents Checklist**

Please bring as much information as you can to your APPRISE Counseling Appointment or enrollment event. In doing so, we will find the best possible options for your personal situation.

**Please Bring With You:**

- ⇒ Your Medicare Red, White, and Blue Card or Medicare Advantage Plan HMO/PPO Card
- ⇒ Your Pennsylvania Community Health Choices and/or Medicaid Health Choices/ Managed Care (HMO) Identification Cards
- ⇒ Any other Insurance or Prescription Drug Plan Cards and/or Plan Benefit Booklets
- ⇒ Income Information – Social Security Statements, Pay Stubs, Self-Employment Information, Tax Forms, Pension Information, and/or Copies of Check Stubs. Etc.
- ⇒ Your Asset or Resource Information – CD, Checking, Savings, Stocks, Bonds, IRA, 401B or K
- ⇒ Medication Drug List – **Please Include:** Medication Dosage, Number of Pills/Month, Milligrams, Pharmacy Name, Address Information, and Mail Order Information
- ⇒ Any Letters About Your Insurance Coverage From:
  - ✓ The **Social Security Administration** concerning your eligibility for the **Extra Help Program, or Medicare or Prescription Drug Plan** concerning changes in your prescription drug coverage.
  - ✓ Your **Prescription Insurance Company** concerning **credibility** of your present Medicare Part D Prescription Plan coverage.
  - ✓ **Please bring any others letters or cards** about your Medicare or Part D Coverage, including letters or cards from your Employer/Union, Retiree Insurance Plans, or PACE/PACENET Programs.
  - ✓ The **Pennsylvania Department of Public Welfare (DPW) or Maximus** about changes to your Medicaid or Community Health Choices Coverage.
  - ✓ Your **Local State County Assistance Office** concerning the **Buy In or Medicare Savings Programs** payments by DPW towards your Medicare Health Plan Premiums, or payments for your “Part B” Medical Copays or/and Deductibles.
- ⇒ In addition, you may bring a **list** of any questions you would like to ask the APPRISE Program Counselor.