David Austin Medicare
Chief Medicare Interpreter · (816) 200-8841 · david@davidaustinmedicare.com

OPTIONAL MEDICARE PLANNING WORKSHEET

A FEW THINGS TO HAVE READY

Fill out what you can before our call, or bring it with you. It just means we spend less time on paperwork and more time on your questions. Nothing here is required, and none of it is shared or sold.

YOUR INFORMATION

Full name

Phone

Zip code

CURRENT COVERAGE

What do you currently have?

- ☐ Original Medicare only
- ☐ Medicare Advantage plan
- ☐ Medigap (Supplement) plan
- ☐ Employer / retiree coverage
- ☐ Not yet enrolled
- ☐ Not sure

Current plan / carrier name (if known)

DOCTORS & PHARMACY

Primary care doctor

Clinic / practice name

Any specialists you see regularly

Preferred pharmacy

CURRENT MEDICATIONS

List what you take regularly — brand or generic name is fine, dosage helps but isn't required.

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WHAT MATTERS MOST TO YOU

Check what matters most to you — as many as apply:

- ☐ Lowest monthly cost
- ☐ Keeping my current doctors
- ☐ Broad nationwide coverage
- ☐ Predictable costs / no surprises
- ☐ Extra benefits (dental, vision, hearing)

ANYTHING YOU WANT TO MAKE SURE WE COVER?

Questions, concerns, or anything on your mind before we talk — there's no wrong answer here.

That's it — bring this with you, email it back, or just show up. We'll cover the same ground together either way.