

Preparing for your Medicare Consultation

\*Name

\*Address

\*Phone

\*DOB

\*Medicare Claim # (If you have it yet)

/\*Part A and/or Part B dates (if enrolled yet)

\*List of Medications including mgs per pill and frequency taken

\*Top two choices of pharmacies

Current health insurance carrier

Please call or email the above information to set up appointment!

Ted O’Connor

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