

 Preparing for your Medicare Consultation

\*Name

\*Address

\*Phone

\*DOB

\*Medicare Claim #

\*Part A and Part B dates

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

\*Top two choices of pharmacies

Name/address of primary doctor and any specialist you see on a regular basis

Current health insurance carrier

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

Richard Zytka

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