



Prescription Drug Coverage/Nursing Home

This informational form is designed to provide basic information to the Medicare counselor to find a prescription drug coverage for individuals in a nursing home. The information can be faxed to David Hooper at 816.444.1177

Items Needed:

1. ___ The individual's first name, middle initial, and last name.
2. ___ The name, address and phone number of the nursing home.
3. ___ Home address. This can either be the individual's address or a family member.
4. ___ Family member's name, address and phone number
5. ___ A copy of the individual's Medicare card.
6. ___ The individual's birthdate.
7. ___ A list of medicines (this can be obtained from the nursing home.)
8. ___ Name of pharmacy