

# Medicare Open Enrollment Appointment Request Form

## October 15 through December 7, 2020

Due to Covid-19 I will be comparing Medicare Part D plans for 2021 during Open Enrollment by phone, e-mail, mail and Zoom. I am not counseling in person this year in order to protect everyone's health. Thank you for your understanding. Please be advised that because of the evolving pandemic your appointment might need to be changed or be rescheduled with another Johnson County SHICK counselor.

If you would like assistance this fall, please complete this request form and the attached SHICK Medicare Part D Worksheet. Return both forms to the address below. You will need to complete a set of forms for each person that wants to be counseled. Please mail the forms to the address below OR drop off at our office during business hours (8:30 am to 5:00pm, Monday through Friday) If dropping off forms, you will need to wear a mask in our building. Once we receive these two completed forms, I will run comparisons of Prescription Drug Plans and will share them with you. If you choose to have a phone or Zoom counseling appointment. You will be notified of a day and timeframe for a phone call or will be emailed the link to connect by Zoom.

If you cannot attend your appointment, please contact me at: [denise.dias@jocogov.org](mailto:denise.dias@jocogov.org) OR **913-715-7013** as soon as possible.

Name:

Email address:

Phone number:

Please check all that apply:

I want to have an appointment with you: Yes      No      I will notify Denise if I have questions

My phone number is a cell phone: Yes      No      I am ok with text notifications: Yes      No

Do you prefer an email or text appointment reminder? Email      Text

If you have computer access, we can meet via Zoom so I can share my screen and you can view plans.

I want to meet over Zoom: Yes      No

Preferred meeting time: Morning      Afternoon

The following dates do not work for me:

Current Drug Plan

Are you happy with this plan? Why or why not?

**Tips to complete the Part D Worksheet:**

- Gather all your prescription drug bottles, your red, white and blue Medicare Card, Health Insurance and Prescription Drug Cards.
- Be sure to include the number of pills you take per month (i.e., once per day is 30 pills, twice per day is 60 pills)
- Is the pill in capsule or tablet form?
- If you are taking a drug, please include the full name (i.e. metoprolol tartrate or succinate, not just metoprolol), if it is a compounded drug, include the meds that are in the drug.
- If you are taking a drug that is injected or inhaled, I don't need to know the units or puffs per day, I need to know how often you refill that prescription. (i.e. how many pens do you use per month or how often you replace your inhaler)
- Look over the list to make sure you haven't forgotten anything (nitro pills)
- You can attach a copy of your drug list provided by either your doctor or pharmacy in lieu of writing it all out.

**Denise G. Dias**

**K-State Research & Extension – Johnson County**

**Family & Consumer Sciences Agent**

**11811 S. Sunset Drive, Suite 1500**

**Olathe, KS 66061**

**913-715-7013 direct line**

[denise.dias@jocogov.org](mailto:denise.dias@jocogov.org)

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*For Office Use Only:*

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

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

Appointment Type:     Phone         Zoom         Email         USPS Mail

Enrolled:  Yes  No                      Status:  In Progress     Completed

Beneficiary:  New  Returning              How did they learn about SHICK? \_\_\_\_\_

Current Plan: \_\_\_\_\_ Current Plan Cost: \_\_\_\_\_

New Plan: \_\_\_\_\_ New Plan Cost: \_\_\_\_\_

Savings: \_\_\_\_\_ Time : \_\_\_\_\_

Topics Discussed: A & B        Medigap    LIS/Extra Help    Part C    Part D    Prescription Assist.

Medicaid    Other Insurance    Other: \_\_\_\_\_

Notes: