



Pre-Appointment Form 2025/2026

Any and all information provided on this form is completely optional and provided solely at your discretion.

MEDICARE OPEN ENROLLMENT October 15th thru December 7th 2025

Once Completed, Return This Form To: **[Insert agency name and address]**

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ County: _____ Year-Round Resident? ☐ Yes ☐ No

Email Address: _____

How did you hear about us: _____ Primary Language? _____

I am interested in reviewing my Part D Drug Plan? ☐ Yes ☐ No Advantage Plan? ☐ Yes ☐ No

Name of current Part D Prescription Drug OR Medicare Advantage plan (if applicable): _____

Do you have a Supplement? ☐ Yes ☐ No Are you happy with your supplement? ☐ Yes ☐ No

Do you currently have other insurance coverage? ☐ Yes ☐ No If yes, what type of coverage? _____

I need help for: ☐ Open Enrollment ☐ Initial Enrollment ☐ Special Enrollment ☐ Other _____

Medicare Card Information

Name: _____

Number: _____

Part A effective Date: _____

Part B effective Date: _____

I need a new Medicare Card? ☐ Yes ☐ No

Income/Subsidy Information

Does your monthly income fall below \$2,935 for Single or \$3,966 for Married couple? ☐ Yes ☐ No

Are you currently receiving? ☐ Extra Help

☐ MassHealth ☐ Medicare Savings Program (QMB, SLMB or QI)

Pharmacy Information

What is your Preferred Pharmacy? _____

Alternative Pharmacy? _____

Do you use Mail Order? ☐ Yes ☐ No

Are there any Medications that are not covered by your current plan? ☐ Yes ☐ No

List: _____

Please provide us with information about your prescriptions and pharmacy.

NOTE: You may be able to obtain a computerized listing from your pharmacist/pharmacy to attach.

If not, please complete the chart below. Please attach additional sheets if needed.

Specify if brand name is mandated; otherwise, all prescriptions are for generics

[illegible]

Do you have any problems, comments or concerns you would like to discuss?

[illegible]

Appointment Preferences: Do you already have an appointment set up with SHINE? ☐Yes ☐No

I prefer <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons		What time works best for you?	
I would prefer to have a <input type="checkbox"/> Phone Appointment <input type="checkbox"/> Video Chat <input type="checkbox"/> Email			
Have you ever participated in a video conference before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I prefer to use <input type="checkbox"/> Zoom <input type="checkbox"/> Other			
I have a computer at my home that I can use? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I am comfortable with the computer <input type="checkbox"/> Yes <input type="checkbox"/> No			
I have internet at my home <input type="checkbox"/> Yes <input type="checkbox"/> No		I have an active email account? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FOR OFFICE USE ONLY:

Appointment Scheduled for: Date: _____ Time: _____

☐ Phone ☐ Video ☐ In-person Sent Comps, Materials, Link ☐ Mail ☐ Emailed ☐ Fax Date _____