



Cornell University
College of Human Ecology

CUR_xED

Cornell University Resource Education for Medicare Part D

MEDICARE PRESCRIPTION ENROLLMENT CHECKLIST



Be Sure To Bring With You:

- _____ **Your Medicare Card**
- _____ **Name and location of your Pharmacy**
- _____ **Your current costs**
- _____ **List of your medications, including:**
 - Dosage
 - Directions for use
- _____ **Current Health Insurance plan information:**
 - Name of Plan
 - Type of Insurance
 - Premium
 - Deductible amounts

The more information that you have on hand, the easier it will be for our trained volunteer Counselors to assist you.

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