

2017 MEDICARE.GOV Prescription Drug Plan (PDP) Quote Request Form

If you would like for Princeton HR to run your PDP options for 2017 via the Medicare.gov site, please complete this form in full and return via fax to: **866-625-6856** or, send secure by saving and then clicking here: [PHRS Secure File Upload](#).

Client Name:	
Address:	
Phone:	
Email Address:	
County:	
2 pharmacies where you would fill Rx's:	1) _____ 2) _____

Rx Name	Generic OK?	Dose	Type	Frequency	Fill Preference
Enter the FULL NAME of your Rx, making sure it is spelled CORRECTLY	Indicate YES if you are ok with taking a generic version if available	Ex. "10 mg" or "0.25 ml"	(ex: capsule or tablet? Vial? Injection? Cream?)	How often do you take/use this Rx (ex: 1x/day, 2x/day, 1x/week)	How often and where you fill your Rx's (for example: 1x/month at pharmacy or '1x every 3 months via mail order')
	YES ___				
	YES ___				
	YES ___				
	YES ___				
	YES ___				
	YES ___				
	YES ___				
	YES ___				
	YES ___				
	YES ___				
	YES ___				

If you have more Rx's to list, please use the back of this page or complete another copy of this form

Prefer to run your own PDP proposal and apply online?

- Between 10/1-12/7, go to www.medicare.gov and select 'Find Health and Drug Plans'
- Enter your zip code, county (if prompted) then 'Find Plans' then 'Original Medicare' and 'I don't get any extra help'
- Enter in your Rx's—type each Rx name and select the dose/type/frequency for each (or select 'I don't take any drugs' and 'skip entry' if you don't take any Rx's). When you are finished, select 'my drug list is complete'
- In the 'Summary of Your Search' box select 'prescription drug plans' then 'continue to plan results'
- Under 'prescription drug plans' check the box to the left of the first 3 PDPs then select 'Compare Plans'
- Review this page to make sure all Rx's were entered accurately, to check the total costs (including premiums, deductibles (if applicable) and Rx costs per pharmacy and/or mail order, formulary limitations or quantity limits to determine which card is best for you. It is imperative that you pick a card where all of your Rx's are on the PDP's formulary. Click on 'apply' for the card you select (no later than **by 12/7/16** for a 1/1/17 enroll date). **Be sure to print/save the confirmation # and send us the information for our files.** By applying via Medicare.gov you are protected in that if your application is not received or processed, the insurer still must honor your application request.

If you wish for our office to assist with this, please complete/return the above to us by **10/14/16**