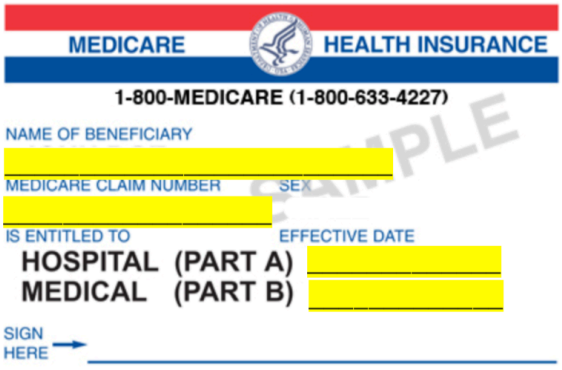
MEDICARE.GOV Prescription Drug Plan (PDP) Quote Assistance Request Form

If you would like us to assist in helping determine the lowest total cost PDP for you for 2020, please complete in full and return via fax: **866-625-6856**, email: team@princetonhrsolutions.com, or our PHRS Secure File Upload by 10/25/19.
If your form is missing any information or if the spelling of any Rxs is incorrect, we will not be able to assist.

First, Middle Initial and Last Name:	
Date of Birth:	
Address:	
City, State:	
Zip Code:	
County:	
Phone:	
Email:	
Medicare.gov User Name* (Create at *https://account.mymedicare.gov/registration.aspx*)	
Medicare.gov Password* (Create at *https://account.mymedicare.gov/registration.aspx*)	
Retail pharmacy(ies) where you would fill Rxs:	1) 2)
Are you willing to use Mail Order to fill Rxs:	

RX NAME	GENERIC OK?	DOSE	TYPE	FREQUENCY	FILL PREFERENCE
Enter the **FULL NAME** of your Rx, making sure it is spelled **CORRECTLY**	Mark YES if you are ok with taking a generic version if available	Ex. "10 mg" or "0.25 ml"	(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 Rxs (for example: 1x/month at pharmacy or '1x every 3 months via mail order')
	YES ___				
	YES ___				
	YES ___				
	YES ___				
	YES ___				
	YES ___				
	YES ___				
	YES ___				



Go to: https://account.mymedicare.gov/registration.aspx to create your Medicare.gov login if you have not yet done so. If you do not wish to provide, please see our email and video for instructions on how to login on your own to view, compare, select and apply for your 2020 PDP.