2025 STANDALONE DRUG PLAN
REVIEW FORM

Enrollment Starts October 15, 2024

IMPORTANT: Medicare Open Enrollment Ends: December 7, 2024

NAME: ______________________________ **PHONE:** ______________________

STREET: ______________________ **CITY/STATE/ZIP:** ______________________

EMAIL: ______________________________ **DATE OF BIRTH:** ______________

YOUR PHARMACY: ______________________ **YOUR CURRENT DRUG PLAN:** ______________

LIST OF MEDICATIONS

Please fill out the list of your current medications including: Name, dosage (mg), Number of Times Taken Per Day in order to get the drug review. Completing this form will not prevent you from enrolling into any plan of your choice for which you are eligible.

NAME OF MEDICATION	BRAND	GENERIC	DOSAGE (MG)	NUMBER OF TIMES TAKEN
	☐	☐		_____ Per Day/Month/Year (Circle)
	☐	☐		_____ Per Day/Month/Year (Circle)
	☐	☐		_____ Per Day/Month/Year (Circle)
	☐	☐		_____ Per Day/Month/Year (Circle)
	☐	☐		_____ Per Day/Month/Year (Circle)
	☐	☐		_____ Per Day/Month/Year (Circle)
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	☐	☐		_____ Per Day/Month/Year (Circle)
	☐	☐		_____ Per Day/Month/Year (Circle)
	☐	☐		_____ Per Day/Month/Year (Circle)
	☐	☐		_____ Per Day/Month/Year (Circle)

Please mail, email or fax this form to Elizabeth Vipond
Email: Betsy@TheSeniorHealthAdvisor.com
Phone: 1-800-603-0901 | Fax: 1-813-443-1292
Please Note: Your form will be forwarded to Dan Downs,
Dan@DrugstoreUnlimited.com | 813-381-5220

Please note that your information is held in private and all data is uniformly secured in accordance with the standards set forth in the Health Insurance Portability and Accountability Act.

STATEMENT AND REQUEST FOR CONTACT

I am making the express request for contact by my agent Elizabeth Vipond and/or Dan Downs for their services in reviewing all plans available to me and do not wish to be limited to a review of my current plan.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

Please return this form by fax at 813-443-1292 or email it to: Betsy@theseniorheathadvisor.com. You can also mail your response to: Elizabeth Vipond, 1209 E. Cumberland Ave. Unit 1903, Tampa, FL 33602.

There are no fees associated with this review. Compensation is based on your plan enrollment.