



### What to Bring Counseling Document Checklist

**Appointment Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

#### Delaware County Apprise Program

**Please call if you need to cancel 484-494-3769  
(PLEASE ARRIVE 15 MINUTES EARLY TO YOUR  
APPOINTMENT)**

### Help Us Help You Below is Your Documents Checklist

Please bring as much information as you can to your APPRISE Counseling Appointment or enrollment event. In doing so, we will find the best possible options for your personal situation.

#### Please Bring With You:

- ⇒ Your Medicare Red, White, and Blue Card or Medicare Advantage Plan HMO/PPO Card
- ⇒ Your Pennsylvania Community Health Choices and/or Medicaid Health Choices/ Managed Care (HMO) Identification Cards
- ⇒ Any other Insurance or Prescription Drug Plan Cards and/or Plan Benefit Booklets
- ⇒ Income Information – Social Security Statements, Pay Stubs, Self-Employment Information, Tax Forms, Pension Information, and/or Copies of Check Stubs. Etc.
- ⇒ Your Asset or Resource Information – CD, Checking, Savings, Stocks, Bonds, IRA, 401**B** or **K**
- ⇒ Medication Drug List – **Please Include:** Medication Dosage, Number of Pills/Month, Milligrams, Pharmacy Name, Address Information, and Mail Order Information
- ⇒ Any Letters About Your Insurance Coverage From:
  - ✓ The **Social Security Administration** concerning your eligibility for the **Extra Help Program, or Medicare or Prescription Drug Plan** concerning changes in your prescription drug coverage.
  - ✓ Your **Prescription Insurance Company** concerning credibility of your present Medicare Part D Prescription Plan coverage.
  - ✓ **Please bring any others letters or cards** about your Medicare or Part D Coverage, including letters or cards from your Employer/Union, Retiree Insurance Plans, or PACE/PACENET Programs.
  - ✓ The **Pennsylvania Department of Public Welfare (DPW) or Maximus** about changes to your Medicaid or Community Health Choices Coverage.
  - ✓ Your **Local State County Assistance Office** concerning the **Buy In or Medicare Savings Programs** payments by DPW towards your Medicare Health Plan Premiums, or payments for your “Part B” Medical Copays or/and Deductibles.
- ⇒ In addition, you may bring a **list** of any questions you would like to ask the APPRISE Program Counselor.