



## 2023 Medicare Part D Annual Enrollment

(Annual Enrollment Period 10/15/2022-12/07/2022)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

My current PRESCRIPTION DRUG plan is: \_\_\_\_\_

My current monthly premium for my DRUG PLAN is: \$ \_\_\_\_\_

Spouse's DRUG plan (If applicable): \_\_\_\_\_

Spouse's Monthly PRESCRIPTION DRUG PLAN premium is: \$ \_\_\_\_\_

<b>Medication</b>	<b>Dosage (tab or cap)</b>	<b>Quantity Per Day</b>

(If you are on Inhalers, Ointments and Creams please list on your sheet how often you fill EACH of them. If you take Insulin please note how many pens per month)

Please list 2-3 preferred pharmacies you WILL go to \_\_\_\_\_

\_\_\_\_\_

Please send me information of Dental Insurance: YES NO

My current Dentist is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

As always, your referrals are very much appreciated. If you know of someone who might benefit from ANY of our services, please complete the following information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

**Please send to:**

Binning Insurance

P.O Box 574

DeForest, WI 53532

**Questions?**

Call Binning Insurance at 608-234-1521.

***Thank you for choosing Binning Insurance!***