RACCUGLIA FINANCIAL
BROKERAGE, INC.

Permission to contact: I understand that Lyndi or Annette may contact me regarding medicare health plans including Medicare supplement plans, Medicare advantage plans, and Part D drug plans. *initial here*

2025 Prescription Plan, Medicare Supplement & Medicare Advantage Research Form

Name: _____ Date: _____

Phone #: _____ Email Address: _____

Age: _____ Are you comfortable with completing an online application? YES ◯ NO ◯

Address: _____ County: _____

How did you hear about our office? _____

Plans to Research: Prescription Plan ☐ Medicare Advantage Plan ☐ Medicare Supplement Plan ☐

MEDICARE ADVANTAGE RESEARCH

Current Medicare Advantage Plan:

_____

Primary Care Physician:

_____

Specialist:

_____

Specialist:

_____

Hospitals:

_____

MEDICARE SUPPLEMENT RESEARCH

Current Medicare Supplement Company: _____ Plan: _____

Policy Effective Date: _____ Current Premium Amount: _____

Height: _____ Weight: _____ Tobacco User? YES ◯ NO ◯

PRESCRIPTION PLAN RESEARCH

Current Prescription Plan: _____ **Do you use mail order?** YES ◯ NO ◯

Preferred Pharmacy: _____ **Alternate Pharmacy:** _____

QUESTIONS/COMMENTS FOR US: _____

PLEASE LIST MEDICATIONS ON THE BACK SIDE OF THIS FORM

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You are not required to complete this but by doing so it will allow us to find the Part D or Medicare advantage plan that will cover your medications

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Prescription Medications I am Currently Taking

Drug Name	Dosage	Frequency	Tab/Cap/Pen/Vial	How Often Filled	Reason for Taking
Example: Toprol XL	*50 mg*	*1 daily*	*TAB*	(30) 60 90 days	*high blood pressure*
				30 60 90 days	
				30 60 90 days	
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I understand that I am responsible for providing an accurate list of medications, otherwise the analysis we provide may be skewed. Also, while Raccuglia Financial/Alliance Insurance will help with recommendations for suitable plans, I understand that I am ultimately responsible for deciding on and enrolling in the plan I feel is the most suitable for me before my election period ends.

Print Name: _____

Signature: _____ Date: _____