

HICAP

聯邦醫療保險計劃 (Medicare) 處方藥計劃搜索工作表 Medicare Prescription Drug Plan Finder Worksheet

為達到最佳效果，請用藍色或黑色簽字筆以正楷仔細回答所有的問題：
For best results, please answer all questions in blue or black ink and print carefully:

姓名/Name : _____ 生日/Birthdate : _____

地址/Address: _____

城市/City : _____ 郵遞區號/Zip Code : _____

Medicare 編號/Medicare # : _____

Medicare 承保生效日期/Effective Dates of Medicare Coverage : A 計劃/Part A : _____ B 計劃/Part B :

常用電話/Preferred phone : _____ 替代電話/Alternate phone : _____

最佳聯絡時間/Best time to call : _____

您現在是否有 Medi-Cal ? /Do you currently have Medi-Cal? 是/Yes_否/No _____

是否有任何 Medi-Cal 分擔費用 ? /Any Medi-Cal Share of Cost? \$ _____

您是否有另外一項處方藥計劃? 計劃名稱/Do you have a separate drug plan? Plan Name : _____

您是否有 Medicare Advantage 計劃 (HMO) ? 計劃名稱/Do you have a Medicare Advantage Plan (HMO)?
Plan Name : _____

您是否有 (請勾選所有適用者) /Do you have (check any that may apply) :

- Medigap 計劃/Medigap Plan 退休人員保險/Retiree Coverage TriCare for Life
- 雇主團體健康保險/Employer Group Health Coverage
- 聯邦僱員健康福利/Federal Employee Health Benefits 退役軍人事務部醫療福利/VA health care benefits

您的處方藥費用是否有額外補助 (低收入戶補助) ? /Do you have Extra Help (Low Income Subsidy) for prescription drug costs? 是/Yes. 否/No _____

根據您的收入，如果您覺得您可能符合額外補助的資格，我們可以幫助您申請。/If you think you might be eligible for Extra Help based on your income, we can help you apply.

- 您的每月總收入總額（在您的支票上做任何稅額扣減前）是否為/

Is your total gross monthly income (before any deductions from your checks):

-少於或等於**\$1518**（若是單身），或**\$2058**（若是夫妻）

是/Yes _____ 否/No _____

- 您的資產（存款、股票、債券，等等）是否/Are your assets (savings, stocks, bonds, etc.)

-少於或等於**\$14,100**（若是單身），或**\$28,150**（若是夫妻）

是/Yes _____ 否/No _____

HICAP 披露聲明：（閱讀後請簽署英文姓名首字母：_____）

HICAP DISCLOSURE STATEMENT: (Please initial after reading: _____)

HICAP 諮詢服務乃由受過訓練的輔導員（經由加州老化部門登記註冊）真誠地提供有關醫療保險政策和利益方面的獨立、公正的資訊給客戶。輔導員不兜售任何類型的醫療健康保險。他們不支持或推薦任何特定的計劃或政策。通過 HICAP 志願者提出的任何資訊不應被解釋為法律諮詢，志願者對於提供諮詢服務給受助人的行為和疏忽並不承擔責任。

HICAP counseling services are provided by trained counselors, registered by the California Department of Aging, who are acting in good faith to provide independent, impartial information about health insurance policies and benefits to clients. Counselors do not sell any type of health care coverage. They do not endorse or recommend any specific plan or policy. **Any information presented by HICAP volunteers should not be construed to be legal advice**, and volunteers are not liable for acts and omissions in providing counseling to recipients of service.

目前的處方藥保險/CURRENT PRESCRIPTION DRUG COVERAGE

- 請列出您所有的處方藥，包括劑量和頻率。請以正楷仔細書寫。/Please list all your prescription drugs, including dosages and frequency. Print carefully.
 - 普通非專利藥物可以為您省錢。您是否想要考慮使用普通非專利藥物？是____ 否____/
Generic drugs will save you money. Do you want to consider generic drugs? Yes____ No____
 - 您常用的藥房的名稱和地址/Name and address of your preferred pharmacy : _____
-
- 請勾選偏好的續配方式/Check preferences :
每月續配/Refills monthly _____ 90 天續配/90-day refills _____ 郵購/Mail order _____

填寫 藥物名稱/COMPLETE NAME OF DRUG 例如：Metoprolol Succinate ER/Example: Metoprolol Succinate ER 請註明品牌和胰島素類型（例如，Humalin R, Novolog, Solostar Pen 70/30，等等）/Please indicate the Brand and type of insulin (e.g. Humalin R, Novolog, Solostar Pen 70/30, etc)	劑量/DOSAGE 例如：50 毫克。/ Example: 50 mg.	頻率/FREQUENCY 例如：每天 1 顆藥丸，每月 1 小藥瓶，每月 2 個吸入器。/ Example: 1 pill per day, 1 vial per mo., 2 inhalers per mo.
1.		
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10.		
如有需要，請附加額外紙張/PLEASE ATTACH ADDITIONAL SHEETS AS NEEDED		

請將填妥之工作表放入回郵信封，郵寄、或傳真至：老年人法律協助（Legal Assistance for Seniors）/HICAP/Please mail in the return envelope or fax completed worksheet to: Legal Assistance for Seniors/HICAP:

333 Hegenberger Rd, Ste. 850, Oakland, CA 94621 電話/Telephone : 510-839-0393 或 1-800-434-0222
 傳真號碼/Fax number : (510)842-1080



本工作表之製作由社區生活行政管理（Administration for Community Living，ACL）的獎金支持。其內容全屬 Alameda HICAP 老年人法律協助之責任，並且不一定代表 ACL 的官方觀點。
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