TEMPLATE A

Medicare Snapshot

One per parent. Keep a copy in the binder and a photo on your phone.

Item	Details
Full name (as on the Medicare card)	
Date of birth	
Medicare Number	
Part A start date / Part B start date	
Path: Original Medicare or Medicare Advantage	
Medicare Advantage plan name, member number, phone	
Drug plan (Part D) name, member number, phone	
Medigap policy letter, company, policy number, phone	
Employer or retiree coverage, if any	
Medicaid, Medicare Savings Program, or Extra Help? Since when?	
How premiums are paid	
Primary doctor and phone	
Main pharmacy and phone	
Who is authorized to talk to Medicare? To each plan?	
Power of attorney (health / financial): who, where kept	
Medicare.gov account: who manages it	