

# Medication List: 2024 Medicare Prescription Plans

Name	Local Preferred Pharmacy
Date of Birth	Mail Order Pharmacy
Zip Code	Part A Effective Date?
Medicare Number	Part B Effective Date?



**Leslie A. Williams**  
INSURANCE SERVICES

2295 Hilltop Drive Suite 5  
Redding, CA 96002

Phone: 530.222.8221

Fax: 530.222.8231

Email: [jennifer@lawilliamsinsurance.com](mailto:jennifer@lawilliamsinsurance.com)





[www.lawilliamsinsurance.com](http://www.lawilliamsinsurance.com)

Do you receive prescriptions at NO COST from your doctor's office? If so, please list the RX names here:

Do you receive assistance for any prescriptions through a patience assistance program? If so, please list the RXs and programs here.

**PLEASE RETURN BY**  
November 7th, via mail, email, or fax.  
Even better...

**LET'S GO ELECTRONIC!**  
Go to our website to request your  
or text us at 530-206-0247!

 Full Prescription Drug Name	Brand or Generic?	TYPE Tablet, Capsule, Liquid?	 Dosage	 How many per refill?	 Filled How Often?	Mail or Retail?
Example: Glipizide/metformin HCL	Generic	Tablet	250 mg	120 tablets	Every 90 days	RETAIL

<b>TOPICALS</b>	Full name: brand or generic topical drug and strength		Type?	Container?	Size of container	Quantity per fill?	Filled how often?	Mail or Retail?
	(Example) Brand name: <b>Texacort 2.5%</b> or Generic name: <b>hydrocortisone 2.5%</b>	Brand or Generic?	Cream, foam, ointment, gel?	Tube, can, bottle, box, packet, pump?	3 oz tube, 30 per box, one packet, etc.	two tubes, one bottle, etc.	30, 60, 90 days, or?	
<b>INJECTABLES</b>	Full name: brand or generic self-Injectable medications and strength		Type?	Size of Vial?		Quantity per fill?	Filled how often?	Mail or Retail?
	(Example) Brand name: <b>Humalog 10ml</b> or Generic name: <b>insulin lispro 10ml</b>	Brand or Generic?	carton, kwikpen, vial?	Example: 20 ml, 1 gm. Box size? 30 boxes, or 1 packet		How many vials or pens do you get per refill?	30, 60, 90 days, or?	
<b>INHALED</b>	Full name: brand or generic inhaled medications and strength		Type?		Size of container	Quantity per fill?	Filled how often?	Mail or Retail?
	(Example) Brand name: <b>Advair Diskus 100/50</b> or Generic name: <b>Albuterol Sulfate Neb.083%</b>	Brand or Generic?	(Inhaler, blister pack, spray, bottle, container, vial?)		Inhaler/bottle size? (ex: 8 gm) Blister pack size?	(1 inhaler a month, 1 inhaler twice a year?)	30, 60, 90 days, or?	

SIGNATURE (required)

DATE (Required)