SEAGO Agency on Aging
300 Collins Rd, Bisbee, AZ 85603 520-432-2528 ext. 222 Fax 520-432-9168
email:shiphelp@seago.org

PLEASE FILL IN ALL INFORMATION FROM YOUR MEDICARE CARD

Name _____
Address: _____ ZIP _____
Home Phone: _____ Cell: _____Date of Birth _____
Medicare Number _____ Eff. Date Part A _____ Eff. Date Part B _____
Do you have an AHCCCS card? Y N
Is your GROSS Income less than $1528 (single)/ $2058 (married)? _____

I authorize the SHIP Counselor to create a "My Medicare" account for me in order to assist me in reviewing coverage, comparing options, resolving issues and enrolling in plans.

Signature: _____Date: _____

PLEASE FILL IN INFORMATION FROM YOUR MEDICINE BOTTLES

Drug Name	Dosage	Daily Amount	Notes