

# Courter Financial Services, LLC

Planning for the Future you Deserve!!!

478 Jacksonville Road, Bellefonte, PA 16823

Toll Free: 800-355-3381

Fax: 814-357-8033

Email: Justin@CourterFinancial.com

## Medicare Rx Update

Insured:	Name: _____
	Phone: _____ Zip Code: _____
	Your Preferred Pharmacy: _____
	Would you be willing to switch pharmacies to save money? Yes/No _____
	Would you be willing to use a mail order pharmacy to save money? Yes/No _____
Rx #1:	Type of Change: New/Changed/Discontinued? _____
	Full Name of Medication: _____
	Dosage (#/mg): _____
	Frequency (#/day): _____
	If Cream/Injection/etc, please provide the package size (#/ml's) and how many tubes/vials/etc that you use per month. _____
Rx #2:	Type of Change: New/Changed/Discontinued? _____
	Full Name of Medication: _____
	Dosage (#/mg): _____
	Frequency (#/day): _____
	If Cream/Injection/etc, please provide the package size (#/ml's) and how many tubes/vials/etc that you use per month. _____
Rx #3:	Type of Change: New/Changed/Discontinued? _____
	Full Name of Medication: _____
	Dosage (#/mg): _____
	Frequency (#/day): _____
	If Cream/Injection/etc, please provide the package size (#/ml's) and how many tubes/vials/etc that you use per month. _____
Rx #4:	Type of Change: New/Changed/Discontinued? _____
	Full Name of Medication: _____
	Dosage (#/mg): _____
	Frequency (#/day): _____
	If Cream/Injection/etc, please provide the package size (#/ml's) and how many tubes/vials/etc that you use per month. _____
Rx #5:	Type of Change: New/Changed/Discontinued? _____
	Full Name of Medication: _____
	Dosage (#/mg): _____
	Frequency (#/day): _____
	If Cream/Injection/etc, please provide the package size (#/ml's) and how many tubes/vials/etc that you use per month. _____
Rx #6:	Type of Change: New/Changed/Discontinued? _____
	Full Name of Medication: _____
	Dosage (#/mg): _____
	Frequency (#/day): _____
	If Cream/Injection/etc, please provide the package size (#/ml's) and how many tubes/vials/etc that you use per month. _____

\*\*\*If you have additional medications, please complete another form.

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Rx #7:	Type of Change: New/Changed/Discontinued? _____ Full Name of Medication: _____ Dosage (#/mg): _____ Frequency (#/day): _____ If Cream/Injection/etc, please provide the package size (#/ml's) and how many tubes/vials/etc that you use per month. _____
Rx #8:	Type of Change: New/Changed/Discontinued? _____ Full Name of Medication: _____ Dosage (#/mg): _____ Frequency (#/day): _____ If Cream/Injection/etc, please provide the package size (#/ml's) and how many tubes/vials/etc that you use per month. _____
Rx #9:	Type of Change: New/Changed/Discontinued? _____ Full Name of Medication: _____ Dosage (#/mg): _____ Frequency (#/day): _____ If Cream/Injection/etc, please provide the package size (#/ml's) and how many tubes/vials/etc that you use per month. _____
Rx #10:	Type of Change: New/Changed/Discontinued? _____ Full Name of Medication: _____ Dosage (#/mg): _____ Frequency (#/day): _____ If Cream/Injection/etc, please provide the package size (#/ml's) and how many tubes/vials/etc that you use per month. _____
Rx #11:	Type of Change: New/Changed/Discontinued? _____ Full Name of Medication: _____ Dosage (#/mg): _____ Frequency (#/day): _____ If Cream/Injection/etc, please provide the package size (#/ml's) and how many tubes/vials/etc that you use per month. _____
Special Notes for Justin:	_____ _____ _____

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Email, Fax, or Deliver the completed Rx Update at your earliest convenience.**

\*\*\*If you have additional medications, please complete an another form.