Courter Financial Services, LLC

Planning for the Future you Deserve!!!

478 Jacksonville Road, Bellefonte, PA 16823

Medicare Rx Update

Insured:	Name: _____ Zip Code: _____ Phone: _____ County: _____ Do you receive assistance with your Rx costs? Pace | PaceNET | "Extra Help"/LIS | Other | None What is your Preferred Pharmacy? _____ 2nd Choice? _____ Would you be willing to switch pharmacies? Yes | No Would you be willing to use mail order? 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.

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Toll Free: 800-355-3381
Fax: 814-357-8033
Email: Justin@CourterFinancial.com

Medicare Rx Update

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.