# Courter Financial Services, LLC

*Planning for the Future you Deserve!!!*

*478 Jacksonville Road, Bellefonte, PA 16823*

# Medicare Rx Update

| Insured: | Name: _____  Zip Code: _____ |
|---|---|

**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): _____
S wcpvkv{ '( '%qh'Tghkmu< _____
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): _____
S wcpvkv{ '( '%qh'Tghkmu< _____
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): _____
S wcpvkv{ '( '%qh'Tghkmu< _____
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): _____
S wcpvkv{ '( '%qh'Tghkmu< _____
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): _____
S wcpvkv{ '( '%qh'Tghkmu." _____
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): _____
S wcpvkv{ '( '%qh'Tghkmu." _____
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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| | |
|---|---|
| Rx #7: | Type of Change:      New/Changed/Discontinued? _____<br>Full Name of Medication: _____<br>Dosage (#/mg): _____<br>S wcpvkv{ '( '%qh'Tghkm<: _____<br>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? _____<br>Full Name of Medication: _____<br>Dosage (#/mg): _____<br>S wcpvkv{ '( '%qh'Tghkm<: _____<br>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? _____<br>Full Name of Medication: _____<br>Dosage (#/mg): _____<br>S wcpvkv{ '( '%qh'Tghkm<: _____<br>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? _____<br>Full Name of Medication: _____<br>Dosage (#/mg): _____<br>S wcpvkv{ '( '%qh'Tghkm<: _____<br>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? _____<br>Full Name of Medication: _____<br>Dosage (#/mg): _____<br>S wcpvkv{ '( '%qh'Tghkm<: _____<br>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: | _____<br>_____<br>_____ |

Signature: _____  Date: _____

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

**'''''''''''''''''''''''''Kf{qw'tghgt'vq'go cknlv.'ngcug'ecnlvj g'qhhkeg'hktuv0'**