



Virginia Insurance Counseling and Assistance Program (VICAP) Medicare Plans Search Assistance Request Form

For assistance to review a plan, please complete this form and **return to a VICAP counselor.**

Mail to: Alexandria DCHS- Aging and Adult Services Division
Attn: VICAP
4850 Mark Center Dr. 9th Floor
Alexandria, VA 22311

Looking for assistance with: ☐ Prescription plan (Part D), OR ☐ Medicare Advantage

Name: _____

Person to Contact, if Other Than You: _____

Phone #: _____ Email: _____ Language: _____

Do you have any of the following?

- **Medicaid**

☐ **Yes** ☐ **No**

If you have both Medicare and Medicaid, you might qualify for a type of plan that helps coordinate your Medicare and Medicaid benefits. These are called "Dual Eligible Special Needs Plans" (D-SNPs).

- **Supplemental Security Income (SSI)**

☐ **Yes** ☐ **No**

- **Medicare Saving Programs**

☐ **Yes** ☐ **No**

- **Extra Help**

☐ **Yes** ☐ **No**

Home Zip Code: _____

Current Plan (if applicable): _____

Preferred Pharmacy: _____

(See back of page)

LIST OF CURRENT PRESCRIPTION MEDICATIONS.

Please do not include over-the-counter drugs.

MEDICATION NAME EXAMPLE: Atorvastatin	DOSAGE/STRENGTH 20 mg table	FREQUENCY Twice a day
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		

FOR OFFICE USE ONLY

Date MIF received: _____ Assigned to: _____ Current: \$ _____
 Date Assigned: _____ Date MIF completed: _____ Suggested: \$ _____
 Date beneficiary contacted: _____ Follow-up date (if mailed): ____ Total Savings: \$ _____
 Comparison provided by: ☐Phone ☐Mail ☐Email
 Data Entry: ☐Excel log ☐MIF scanned ☐STARS #