

Medicare Renewal Checklist

Use this document to gather all of your medical information in one place.
(This document is intended for personal use only.)



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MY DOCTORS & SPECIALISTS

SPECIALTY	NAME	CONTACT	IN-NETWORK?

MY MEDICATIONS & PHARMACY

MEDICATION NAME	DOSE	REASON

PHARMACY NAME	PHARMACY CONTACT

MY MEDICAL HISTORY

CONDITION / DIAGNOSIS	NOTES

Medicare Renewal Checklist

Now that you have all your medical needs organized, let's find the AZ Blue plan that works best for you. (This document is intended for personal use only.)



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MY BROKER

NAME	PHONE

MY PLAN OPTIONS

PLAN NAME	PREMIUM
Notes:	

MY PLAN OPTIONS

PLAN NAME	PREMIUM
Notes:	

MY PLAN OPTIONS

PLAN NAME	PREMIUM
Notes:	