



1303 Higuera Street
 San Luis Obispo, CA 93401
 Phone: 805-548-8672
 Fax: 805-548-8071
 Email: Kip@meredithinsurancecenter.com

*** Please Complete (1) Form
 Per Person and return to MIC**

Name _____

Email _____ Phone _____

Preferred Pharmacy _____

Existing PDP Carrier & Plan Name _____

Current Prescriptions (please print clearly):

	Prescription Name, as listed EXACTLY on bottle	Dosage	Tablet, Capsule, or Liquid?	Quantity per Month
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Discount Mail Order Companies

- www.goodrx.com
- www.costplusdrugs.com
- www.needymeds.com
- www.prescriptionhope.com

***Note:** By not using your part D RX plan for a medication, what you pay does not go towards your plan benefits.