

DCD Financial & Insurance



Unraveled The Mysteries
Of Medicare For Me!

**The Medicare Drug and Advantage “All in One” Plan Open Enrollment period is here!
October 15th until December 7th.**

As a client of DCD, we offer you the free assistance you need to review and select the best plans for your needs. In order to do that, we request that you complete the attached form and return it to us **no later than November 1st**. This gives us the time we need to research all the new plans, drug lists, and restrictions against your needs. **Even if you think we know all this info, please complete the attached pre-enrollment form for each Medicare member in your household.**

Medicare Advantage “All in One” plan updates

Many of the Advantage plans have **major doctor network changes** and closures. **PLEASE OPEN YOUR MAIL AND READ THE ANNUAL NOTICE OF CHANGE YOUR CURRENT PROVIDER SENT YOU!!!** I can't release details yet; however, Secure Horizons has major changes. Full details can't be released until October 1st. To schedule an appointment to discuss Medicare Advantage plans, please call the office (831-423-8542) after you return your intake form to book your phone and/or Zoom appointments between Oct. 15th and Dec. 7th. Additionally, for your convenience you can self-book by using the "Book Now" link on our website homepage www.lowcostcahealth.com.

Medicare Part D Prescription Plans (PDP)

New laws have made major changes to prescription drug plans in 2024. No matter how much you liked your plan in 2023 (or not) we need to see how the 2024 changes affect you. Open enrollment is a **very busy** time so please complete your forms and return them **no later than November 1st** to ensure that we have time to complete your review and make any necessary changes. We will call or email you our findings and we can book appointments for those who need to make changes.

We will also be having open education meetings via zoom. To get the latest and most timely updates be sure to follow **Lowcostcahealth.com** on Facebook. Short educational posts, updates, and breaking news will be posted there. You can also listen to our radio show, Money Moves on AM1080 every Thursday from 3-4PM for late breaking updates.

New this year: all calls must be recorded, and Scope of Appointment form signed at least 48 hours prior to your appointment per Medicare guidelines. We do not offer every plan available in your area, any information we provide may be limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800 Medicare to get information on all your options.

**Don't Delay, sign the Scope of Appointment form on the back, and return it to
DCD Insurance 1123 Soquel Ave, Santa Cruz CA 95062 or email to
jbailie@dcdis.com or Fax to 831-423-5714**

Let's Roll!!

Pamela Fugitt-Hetrick CA Lic#0D7558 & Journey Bailie CA Lic# 4303102

Your DCD Financial Medicare Specialists. For appointments call (831) 423-8542 or “Book Now”
online at www.lowcostcahealth.com

Return with Scope of Appointment Form (see back of letter)

2024 Medicare Open Enrollment Intake Form

Form must be returned before your appointment Appointment Date: _____ Time: _____

Primary Applicant's
Legal Name _____ Birthdate _____ Age _____

Address _____ email _____

City _____ Zip _____ phone _____

Mailing address is same as my residence Medicare # _____

Mailing address _____ Medicare "Part A" effective date _____

City _____ ZIP _____ Medicare "Part B" effective date _____

Your Current Medical Plans (check the cards in your wallet)

Part B Supplement
Company _____ Plan Name _____ Premium_\$ _____

Part D Rx
Company _____ Plan Name _____ Premium_\$ _____

Preferred Pharmacy _____ Primary Care Dr. _____

List Prescriptions you currently use on the back of this page ==> ==> ==> ==>

For Office Use Only	
Medical Plans Elected	
Supplement Plan _____	Type _____ Premium _____
Effective Date _____	Payment Method <input type="checkbox"/> Bill <input type="checkbox"/> S.S. <input type="checkbox"/> EFT
Prescription Plan _____	Type _____ Premium _____
Effective Date _____	Payment Method <input type="checkbox"/> Bill <input type="checkbox"/> S.S. <input type="checkbox"/> EFT
Consultation Notes:	
Date Received _____	
Entered in SMS _____	
Entered in TAM _____	
Scanned _____	Client Source: MAM EH1 CST PHH PFH

List Prescriptions you currently use

Use the Exact Name as printed on the Prescription label

	Tab/Capsule/Cream/etc	mg/ ml/ etc.	
Rx Name _____	Form _____	Dose _____	Times per day _____
Rx Name _____	Form _____	Dose _____	Times per day _____
Rx Name _____	Form _____	Dose _____	Times per day _____
Rx Name _____	Form _____	Dose _____	Times per day _____
Rx Name _____	Form _____	Dose _____	Times per day _____
Rx Name _____	Form _____	Dose _____	Times per day _____
Rx Name _____	Form _____	Dose _____	Times per day _____
Rx Name _____	Form _____	Dose _____	Times per day _____
Rx Name _____	Form _____	Dose _____	Times per day _____
Rx Name _____	Form _____	Dose _____	Times per day _____
Rx Name _____	Form _____	Dose _____	Times per day _____
Rx Name _____	Form _____	Dose _____	Times per day _____
Rx Name _____	Form _____	Dose _____	Times per day _____
Rx Name _____	Form _____	Dose _____	Times per day _____
Rx Name _____	Form _____	Dose _____	Times per day _____

Are Generic Rx ok? **YES** **NO**

Comments and Questions for my Agent: