

# PART D PATIENT DATA CHART

## PATIENT INFORMATION

NAME & CONTACT

DESIGNATED PATIENT REP & TELEPHONE

## CURRENT PHARMACY & TELEPHONE

## DIAGNOSES

## PHARMACY COVERAGE CONSIDERATIONS

COVERAGE PRIOR TO JANUARY 1, 2006:

**MEDICAID:** \_\_\_\_ (DUAL ELIGIBLE)    **MEDICARE:** \_\_\_\_ ONLY \_\_\_\_ DISABLED/SSDI    **MEDIGAP:** \_\_\_\_

HAS RECEIVED EXTRA ASSISTANCE: \_\_\_\_ STATE PHARM ASSISTANCE PROG (SPAP); \_\_\_\_ PHARMACEUTICAL COMPANY PATIENT ASSISTANCE PROGRAM

ELIGIBLE FOR LOW INCOME SUBSIDY \_\_\_\_ Y/N (to determine eligibility go to [www.ssa.gov](http://www.ssa.gov) )

## OTHER PHYSICIANS WRITING PRESCRIPTIONS (LIST NAMES AND PHONE NUMBERS)

## HISTORY OF PAST PSYCHOTROPIC USE (TO BE REVIEWED IF NEEDED FOR EXCEPTIONS REQUEST)

