Healthcare Provider and Prescription Drug Tracker

HEALTHCARE PROVIDER INFORMATION

YOUR NAME_____ **PHONE**_____

Please list your current healthcare providers below. Some healthcare plans like HMOs and PPOs use networks. Gathering your healthcare providers' information here will help your benefits counselor compare access to your current providers. You may also contact your providers and ask them which plans they accept.

CURRENT HEALTHCARE PROVIDERS (PRIMARY CARE, SPECIALISTS, ETC.)

Name	Address	Phone Number

PRESCRIPTION DRUG INFORMATION

In order to construct an accurate cost analysis, we will need your complete and correct drug information. For example, it is important to indicate the name of the drug that you are taking, and whether you are taking a BRAND or GENERIC version. Please note, over-the-counter medications, vitamins, and supplements are not covered by prescription drug plans and therefore are not required on this form.

CURRENT PRESCRIPTIONS, DOSAGES, FREQUENCY AND WHERE/HOW YOU OBTAIN THE MEDICATION

Medication	Dosage	Frequency	Pharmacy or Mail Order

Please complete one form per person. If you have additional healthcare providers or prescription drugs to share with your benefits counselor, please make a copy of this page (prior to completing) and use it to record your additional entries.

Please mail or email this worksheet 10-14 days prior to your scheduled appointment to:

Aptia365
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