



FREDERICK COUNTY GOVERNMENT
DIVISION OF SENIOR SERVICES

Jan H. Gardner
County Executive

Kathryn D. Schey, Director

Dear Frederick County Resident:

Due to the COVID-19 pandemic, Frederick County Senior Services Division offices and senior centers remain closed to the public until further notice. During these times, the health and safety of clients and staff is a top priority.

Using phone contacts, virtual appointments, online resources, and limited in-person appointments, the Frederick County SHIP (State Health Insurance Assistance Program) program is prepared and committed to continuing services, especially during this year's Medicare Open Enrollment Period, which runs from October 15, 2020 – December 7, 2020.

If you would like the Frederick County SHIP program to conduct your annual drug plan review, please complete and return the *Medicare Part D Intake Form* and signed *SHIP Counseling Participant Waiver Form* to the Senior Services Division no later than *Friday, November 13, 2020* to the address listed below. The information we are requesting will help staff complete the drug plan review and provide you with the pertinent information you need to make a well-informed decision regarding your 2021 Medicare Part D coverage.

Due to the reduced number of SHIP counselors, services will be offered on a first come, first served basis. Additionally, this may mean that the SHIP counselor you have worked with in the past may/may not be available. Since there are a limited number of appointment spots available, staff will only be able to meet with you once during the open enrollment period. Please be sure to prepare your list of questions and/or concerns prior to your appointment. If you need to cancel your appointment, 24-hour notice is required. **With the exception of emergency circumstances, you may not receive another appointment if notice is not provided.**

Please expect to hear from a staff member 7-10 business days after your information is received regarding the drug search results.

Sincerely,

Frederick County Senior Services Division

Frederick County Senior Services Medicare Part D Intake Form

Client Information				
Name:		Date of Birth:		
Physical Address:		City:		MD
Zip Code:		<input type="checkbox"/> My mailing address and physical address are the same		
Mailing Address:				
Phone Number:		E-mail:		
Medicare Number Ex: 1EG4-TE5-3572		Coverage Start Date(s)	Part A:	
			Part B:	
Name of current drug plan:		Monthly premium cost for current drug plan:	\$	
Pharmacy Information				
Medication costs can vary from pharmacy to pharmacy. To help you find the best value, please list your current pharmacy and one other local pharmacy you would like to use to compare cost.				
Current Pharmacy				
Alternative Pharmacies				
Medication List				
Medication Name Please specify if you take the Brand Name version of a medication.		Strength	Dosage	Frequency (once daily, twice a day, etc.)
Ex:	Gabapentin	300mg	2 pills	2x daily
1.				
2.				
3.				
If additional space is needed please use next page.				

Frederick County Senior Services Medicare Part D Intake Form

Medication List Continued:

Medication Name Please specify if you take the Brand Name version of a medication.		Strength	Dosage	Frequency (once daily, twice a day, etc.)
Ex:	Gabapentin	300mg	2 pills	2x daily
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

Once completed, please return the *Medicare Part D Intake Form* and **signed SHIP Counseling Participant Waiver Form**.

Options for returning documents:

- Mail to Frederick County Senior Services Division at 1440 Taney Ave. Frederick, MD 21702.
- Hand deliver to the Frederick County Senior Services Division Office and place in the drop box on site.
- Scan documents and e-mail to SeniorServices@FrederickCountyMD.gov

For Internal Use Only

Counselor: _____ Appointment Date: _____

Current drug plan name: _____

Client will remain with the same drug plan for 2021: Yes No

Client enrolled in a new drug plan: _____

Appointment completed. The client decided **not** to enroll in a new drug plan at this time and directed to call 1-800-Medicare should they decide to make changes to their prescription coverage for the upcoming year.

NOTES: _____



FREDERICK COUNTY
SHIP COUNSELING PARTICIPANT WAIVER



I understand that the State Health Insurance Program (SHIP) is a Government program administered by the Frederick County Senior Services Division operating under the auspices and guidelines set by the Maryland State Department of Aging. SHIP counseling and assistance services are intended to help me understand Medicare, Medicare Part D, Medicare Advantage, Medicare supplement insurance, and other insurance options in an objective manner that supports my personal and independent decisions. I understand that Program services are provided by trained SHIP counselors, acting in good faith to provide information counseling and claims assistance services to me, the Client. _____ (initial)

I understand that the information and assistance provided to me as a result of my participation in the Program shall not be construed as legal or financial advice. SHIP counselors are neither affiliated with the insurance industry, nor are they financial planners, accountants or attorneys, or acting as such. They do not sell, recommend, or endorse any specific insurance product, agent, or insurance company. _____ (initial)

SHIP services are confidential and are provided free of charge. I understand that the SHIP counselor assumes no responsibility for decisions made or actions taken by me as a result of counseling. I also understand that the SHIP counselor and/or program staff have the right to refuse to assist any client engaged in unethical, illegal, or other activities that could jeopardize the integrity of the Program. I, therefore, hold harmless Frederick County, Maryland, its employees and agents, the Maryland Department of Aging, of any liability, direct or indirect, arising out of the services provided in accordance with SHIP program guidelines. _____ (initial)

Furthermore, I authorize Frederick County, Maryland and the Frederick County Senior Services Division to receive information, as necessary, direct from my hospital, physician, other providers of medical services/supplies, insurance agent/broker, insurance company, employer (past/present), Medicare carrier/intermediary, Social Security Administration, Medical Assistance office, Department of Social Services in order to provide the services specified by this Program. _____ (initial)

I have read, or have had read to me, the above WAIVER and as is evidenced by my initials and signature, which is freely and voluntarily made, I acknowledge that I understand, agree with and accept the terms of this waiver.

Signature: _____

Date: _____

Printed Name: _____