MEDICARE SELF-AUDIT WORKSHEET

Gather the facts before you compare a single plan.

The inventory every Clearing tool reads from — your coverage, dates, doctors, medications, and questions, in one place.

You don't need to finish this before using the Blueprint. It simply helps you move faster and feel more prepared. Fill in what you know now; the rest can wait until you gather paperwork. It saves as you go, right on this device.

Your answers stay on your device. The Clearing does not receive or store what you type here. If you email the worksheet to yourself, we use your address only to send it — nothing more unless you separately opt in. We never share your information with insurance agents.

ABOUT THIS WORKSHEET

- **What it is:** A one-time inventory of the facts every Medicare decision depends on — coverage, doctors, drugs, pharmacy, budget, timing.
- **Why:** Every Clearing tool reads from what you gather here. Fill it out once, bring it to every tool.
- **Time:** About 15 minutes if you have your documents handy.
- **You can start without everything.** Sections A and B are the essentials. The rest can wait.
- **Three ways to use it:** fill it out on this page · download the PDF · email it to yourself.
- **Filling this out for someone else?** Use their information throughout. Wherever this worksheet says *you* or *your*, read it as *them* and *theirs*.

A

Where you are right now

The moment you're in shapes everything else.

ESSENTIAL

Which best describes you today?

- ○ Approaching 65 and new to Medicare
- ○ Working past 65, with employer coverage
- ○ Leaving work coverage soon (or on COBRA/retiree)
- ○ Already on Medicare, reviewing what I have
- ○ Helping a parent, spouse, or someone else

What coverage do you (or the person you're helping) have right now?

e.g. Employer plan, Original Medicare + Part D, Medicare Advantage, none yet...

B Your Medicare dates

Timing drives penalties and windows — even a rough date helps.

ESSENTIAL

Date of birth (month & year is fine)

e.g. March 1960

Month you turn (or turned) 65

e.g. March 2025

Do you know your enrollment window?

- ○ Yes — I know my dates
- ○ Somewhat — I'd want to confirm
- ○ *Not sure — one to verify*

Any dates you're tracking? (enrollment deadline, employer coverage end, a plan change date)

Write down anything with a deadline attached...

C Your doctors

Who you want to keep — and how much it matters.

Doctors or specialists you want to keep

List names or practices. Note anyone you won't give up...

How much does keeping them matter?

- ○ A lot — there are doctors I won't switch
- ○ Somewhat — I'd switch to save money
- ○ Not much — I'm flexible

D Your medications

The list that decides whether a drug plan actually fits.

Prescriptions you take regularly (name + dose if you have it)

e.g. Atorvastatin 20mg, Levothyroxine 50mcg...

Any of these true right now?

- [ ] A medication was recently **denied, delayed, or restricted**
- [ ] A drug got a lot **more expensive**
- [ ] I take few or no regular medications

E Your pharmacy

A blind spot most people don't know to check.

Which pharmacy do you use?

e.g. CVS on Main St, Costco, mail order...

Do you know if it gives preferred pricing for your plan?

- ( ) Yes — it's a preferred pharmacy
- ( ) Yes — standard / in-network
- ( ) I use mail order
- ( ) *I didn't know pharmacies could price differently*

F Budget & cost concerns

What kind of cost you'd rather live with.

ESSENTIAL

If a hard health year hit, which would you rather face?

- ○ A steady, higher monthly cost — protect me from surprises
- ○ A low monthly cost — I can handle bigger bills if they come
- ○ *It depends — I'd need to see the numbers*

Any budget realities worth noting? (a monthly ceiling, fixed income, help you may qualify for)

Write down anything that affects what you can spend...

G Your biggest questions

The things you actually want answered.

What do you most want to figure out?

e.g. Will my doctors be covered? Am I going to get penalized? Should I switch?

Anything that's been worrying you?

No wrong answers — just what's on your mind...

YOUR SUMMARY

Your Medicare starting point.

In one sentence, write what you need your Medicare coverage to help you do. This keeps you focused as you use the Blueprint.

What matters most to me *(optional)*

Example: keep my doctors, manage drug costs, and avoid surprise denials.

Now what?

IF YOU FINISHED THE WORKSHEET

Save it — download the PDF, email it to yourself, or print this page. Then take it to the Blueprint.

IF SOME SECTIONS ARE BLANK

That's fine — you already have what you need for the Blueprint. Save what you have and come back to the rest when documents are in reach.

Ready for the Blueprint?

You can start with what you know. The Blueprint takes about 60 seconds and helps you find your route through Medicare.

Keep this worksheet nearby

It can help during any of these conversations:

- [ ] The Clearing Blueprint
- [ ] A SHIP counseling appointment
- [ ] A conversation with a licensed professional
- [ ] A call with Medicare
- [ ] A call with a plan or carrier
- [ ] A family conversation

ABOUT THIS DOCUMENT

This worksheet is orientation, not advice. The Clearing does not receive, store, or transmit your answers. We don't sell plans and earn nothing from what you choose. Rules and costs change; verify your specifics with a licensed professional or your State Health Insurance Assistance Program (SHIP). Not affiliated with Medicare, CMS, or SSA.

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