

CREATIVE WEALTH PLANNING, LLC

2025 Prescription Survey

Changes to Medicare Part D Prescription Drug Coverage

| | | |
|------------------------|-----------------|-----------------|
| | 2024 | 2025 |
| Annual Deductible | Up to \$545 | Up to \$590 |
| Initial Coverage Limit | Ends at \$5,030 | Ends at \$2,000 |

Date: _____
Member Name: _____
Home Zip Code: _____
Medicare ID number: _____
Part A Start Date: _____
Part B Start Date: _____
Birthday: ____/____/____
Pharmacy Name & Address: _____

If mail order, check here:

| Clinical Medication Name Ex: Metoprolol Succinate-ER | Dosage (ex:100mg) | Frequency 2 X /day | How often filled Dosage/Size 60 GM tube / 3 X year | Brand Name (Yes/No) |
|---|----------------------|-----------------------|---|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CREATIVE WEALTH PLANNING, LLC

2025 Prescription Survey

Page 2

| Clinical Medication Name Ex: Metoprolol Succinate-ER | Dosage (ex:100mg) | Frequency 2 X /day | How often filled Dosage/Size 60 GM tube / 3 X year | Brand Name (Yes/No) |
|---|----------------------|-----------------------|---|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

1981 MARCUS AVENUE, SUITE - C 119, LAKE SUCCESS, NY 11042

PHONE: (516)-502 -4270 / FAX: (718) 228 -9538

EMAIL: nportnow@creativewealthplanning.com