# 2018 PDP Comparison Form

Peters & Milam Insurance Services
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Client Name _____ Date _____

Phone/Email _____ Zipcode_____

Current Plan_____ Pharmacy_____ Mail Order? ☐Yes ☐NO

| Medications (please specify generic or brand) | Dosage | Frequency |
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Please note that a comparative analysis is ran with all PDP plans available. In order to determine a plan recommendation; comparisons are based on the information you have provided. You can also visit www.medicare.gov to compare all plans available to you.