

Insurance Information Organizer

Your Complete Healthcare Coverage Binder



Table of Contents

1. [Quick Reference Dashboard](#)
2. [Medicare Original \(Part A & B\)](#)
3. [Medicare Advantage \(Part C\)](#)
4. [Medicare Part D \(Prescription\)](#)
5. [Medigap/Supplement Insurance](#)
6. [Other Insurance](#)
7. [Provider Directory](#)
8. [Annual Coverage Timeline](#)
9. [Emergency Wallet Cards](#)
10. [Important Documents Checklist](#)



Quick Reference Dashboard {#dashboard}

My Coverage at a Glance

Coverage Type	Have It?	Company	Policy #	Phone
Medicare Part A	<input type="checkbox"/> Yes	Medicare	_____	1-800-633-4227
Medicare Part B	<input type="checkbox"/> Yes	Medicare	_____	1-800-633-4227
Medicare Advantage	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Part D (Drugs)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Medigap	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____

Monthly Premium Summary

- **Part B:** \$_____
- **Part D:** \$_____
- **Medigap:** \$_____
- **MA Plan:** \$_____
- **Other:** \$_____

- **TOTAL:** \$ _____



Medicare Original (Part A & B) {#medicare-original}

Part A - Hospital Insurance

Medicare Number: _____

Effective Date: _____

Premium: [] \$0 (40+ quarters) [] \$_____ per month

What's Covered:

- ✓ Inpatient hospital stays
- ✓ Skilled nursing facility care
- ✓ Hospice care
- ✓ Home health services

2025 Costs:

- **Hospital Deductible:** \$1,676 per benefit period
- **Days 1-60:** \$0 coinsurance
- **Days 61-90:** \$419 per day
- **Days 91+:** \$838 per "lifetime reserve day"

Part B - Medical Insurance

Effective Date: _____

Monthly Premium: \$_____ (Standard: \$185 for 2025)

Annual Deductible: \$240

What's Covered:

- ✓ Doctor visits
- ✓ Outpatient care
- ✓ Preventive services
- ✓ Durable medical equipment
- ✓ CGM devices (Peak Medical!)

My Part B Costs:

- **After deductible:** 20% of Medicare-approved amount
- **Preventive services:** \$0

- Clinical lab tests: \$0

⭐ Medicare Advantage (Part C) {#medicare-advantage}

Skip this section if you have Original Medicare + Medigap

Plan Name: _____
Company: _____
Member ID: _____
Group Number: _____
Customer Service: _____
Nurse Hotline: _____

Plan Details

Plan Type: [] HMO [] PPO [] HMO-POS [] PFFS

Primary Doctor Required: [] Yes [] No

PCP Name: _____

PCP Phone: _____

Coverage & Costs

Service	In-Network	Out-of-Network
Doctor Visit	\$ _____	\$ _____
Specialist	\$ _____	\$ _____
Emergency Room	\$ _____	\$ _____
Urgent Care	\$ _____	\$ _____
Hospital Stay	\$ _____	\$ _____
Maximum Out-of-Pocket	\$ _____	\$ _____

Extra Benefits

- [] Dental - Coverage: _____
- [] Vision - Coverage: _____
- [] Hearing - Coverage: _____
- [] Fitness - Benefit: _____
- [] OTC Items - Amount: \$ _____

💊 Medicare Part D (Prescription) {#part-d}

Plan Name: _____
Company: _____
Member ID: _____
RxBin: _____
RxPCN: _____
RxGrp: _____
Customer Service: _____

2025 Plan Costs

- Monthly Premium: \$ _____
- Annual Deductible: \$ _____
- Preferred Pharmacy: _____
- Mail Order Pharmacy: _____

Out-of-Pocket Tracker

Remember: \$2,000 maximum for 2025!

Month Amount Spent Running Total

Jan	\$ _____	\$ _____
Feb	\$ _____	\$ _____
Mar	\$ _____	\$ _____
Apr	\$ _____	\$ _____
May	\$ _____	\$ _____
Jun	\$ _____	\$ _____

My Medications

Medication Tier Copay 90-Day?

_____	\$ _____	[] Yes
_____	\$ _____	[] Yes
_____	\$ _____	[] Yes
_____	\$ _____	[] Yes



Medigap/Supplement Insurance {#medigap}

Skip if you have Medicare Advantage

Company: _____
Policy Number: _____

Plan Letter: [] A [] B [] C [] D [] F [] G [] K [] L [] M [] N

Customer Service: _____

Monthly Premium: \$ _____

What My Plan Covers

Medicare Costs Plan Pays I Pay

Part A Deductible	_____ %	_____ %
Part A Coinsurance	_____ %	_____ %
Part B Deductible	_____ %	_____ %
Part B Coinsurance	_____ %	_____ %
Part B Excess	_____ %	_____ %
Foreign Travel	_____ %	_____ %

Annual Rate Increase History:

- 2023: _____ %
- 2024: _____ %
- 2025: _____ %



Other Insurance {#other-insurance}

Dental Insurance

Company: _____

Policy #: _____

Phone: _____

Annual Maximum: \$ _____

Vision Insurance

Company: _____

Policy #: _____

Phone: _____

Exam Frequency: _____

Long-Term Care Insurance

Company: _____

Policy #: _____

Daily Benefit: \$ _____
Benefit Period: _____

Other Coverage

Type: _____
Company: _____
Policy #: _____
Purpose: _____



Provider Directory {#providers}

Primary Care

Doctor: _____
Practice: _____
Phone: _____
Address: _____
After Hours: _____

Specialists

Endocrinologist/Diabetes:
Name: _____
Phone: _____

Cardiologist:
Name: _____
Phone: _____

Eye Doctor:
Name: _____
Phone: _____

Podiatrist:
Name: _____
Phone: _____

Other: _____
Name: _____
Phone: _____

Pharmacy

Primary Pharmacy: _____
Phone: _____
Address: _____
24-Hour Pharmacy: _____

Medical Equipment (DME)

CGM Supplier: Peak Medical Supplies

Phone: 888-649-5705

Other DME: _____

Phone: _____

Annual Coverage Timeline {#timeline}

2025 Important Dates

Birthday Rule Dates (Medigap)

- My Birthday: _____
- 30 days before: _____
- 30 days after: _____

Medicare Dates

- Open Enrollment: Oct 15 - Dec 7
- MA Open Enrollment: Jan 1 - Mar 31
- My Plan Renews: _____

Annual Healthcare Schedule

Month	Task	Completed
January	Review new benefits	[]
February	Schedule preventive exams	[]
March	Dental cleaning #1	[]
April	Vision exam	[]
May	Review Part D medications	[]
June	Mid-year coverage check	[]
July	Hearing test	[]
August	Dental cleaning #2	[]
September	Flu shot	[]
October	Compare plans for next year	[]

Month	Task	Completed
November	Make plan changes	[]
December	Meet deductibles?	[]



Emergency Wallet Cards {#emergency-cards}

Card 1: Medical Emergency (Cut Out)



EMERGENCY MEDICAL INFORMATION

Name: _____

DOB: _____

Blood Type: _____

Emergency Contact: _____

Phone: _____

Medicare #: _____

Part D Plan: _____

Medigap/MA: _____

Medications: _____

Allergies: _____

Conditions: _____



Card 2: Insurance Info (Cut Out)



INSURANCE INFORMATION

Medicare: _____

1-800-MEDICARE

Part D/Drugs: _____

ID: _____

Phone: _____

Supplement/MA: _____
ID: _____
Phone: _____

Doctor: _____
Phone: _____

Pharmacy: _____
Phone: _____
 -----

Important Documents Checklist {#documents}

Keep in This Binder:

- Medicare card (copy)
- Insurance cards (copies)
- Summary of Benefits
- Evidence of Coverage
- Formulary (drug list)
- Provider directory
- Premium statements
- Explanation of Benefits (EOBs)

Keep in Safe/Fireproof Box:

- Original Medicare card
- Insurance policies
- Power of attorney
- Healthcare proxy
- Living will
- HIPAA releases

Annual Updates Needed:

- Beneficiary information
- Emergency contacts
- Medication list
- Provider information
- Insurance changes
- Phone numbers



Notes & Questions Section

Questions for Open Enrollment:

1. _____
2. _____
3. _____

Changes to Make:

Important Notes:



Quick Phone Directory

Medicare: 1-800-MEDICARE (1-800-633-4227)

Social Security: 1-800-772-1213

My Pharmacy: _____

My Doctor: _____

Emergency: 911

Family Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Created by Peak Medical Supplies
Your Partner in Healthcare Management

888-649-5705 | seniorcgmsupport.com
