**TURFA Computer Workshop on Medicare Part D Prescription Plans**

**Prescription and Pharmacy Lists**

**Prescription Drugs List**

Use this table to record your prescriptions before you come to the workshop. If you have already created an account on the Via Benefits website, **please remember to bring your password and your cell phone to the workshop**. You will need your phone to enter the security code text you will receive when you sign in.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Drug Name**  | **Dosage** | **Format** **(tablet, capsule, package, etc.)** | **Refill Quantity****(# doses per refill)** | **Refill Frequency****(30 per month,**  **90 per month, etc.)** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |
| 16 |  |  |  |  |
| 17 |  |  |  |  |
| 18 |  |  |  |  |
| 19 |  |  |  |  |
| 20 |  |  |  |  |

**Pharmacy List**

Use this table to enter up to three local pharmacies and one mail order pharmacy into the Via Benefits website.

|  |  |
| --- | --- |
| **Pharmacy Name** | **Pharmacy Address** |
| 1 |  |
| 2 |  |
| 3 |  |
| Mail Order: |  |