



March 15, 2018

Joe Test
701 SENECA STREET
BUFFALO, NY 14210

Dear Joe Test,

Thank you for talking with me on about your health and medications. Medicare's MTM (Medication Therapy Management) program helps you understand your medications and use them safely.

This letter includes an action plan (Medication Action Plan) and a medication list (Personal Medication List). The action plan has steps you should take to help you get the best results from your medications. The medication list will help you keep track of your medications and how to use them the right way.

- Have your action plan and medication list with you when you talk with your doctors, pharmacists, and other health care providers in your care team.
- Ask your doctors, pharmacists, and other healthcare providers to update the action plan and medication list at every visit.
- Take your medication list with you if you go to the hospital or emergency room.
- Give a copy of the action plan and medication list to your family or caregivers.

If you want to talk about this letter or any of the papers with it, please call our Medication Therapy Management Department at 1-XXX-XXX-XXXX between the hours of 9AM to 6PM (Eastern Standard Time) Monday through Friday. We look forward to working with you, your doctors, and other healthcare providers to help you stay healthy.

Sincerely,

JJ KIII, BCACP, CNS



MEDICATION ACTION PLAN FOR Joe Test, DOB: 05/04/1954

This action plan will help you get the best results from your medications if you:

1. Read "What we talked about."
2. Take the steps listed in the "What I need to do" boxes.
3. Fill in "What I did and when I did it."
4. Fill in "My follow-up plan" and "Questions I want to ask."

Have this action plan with you when you talk with your doctors, pharmacists, and other healthcare providers in your care team. Share this with your family or caregivers too.

DATE PREPARED: 03/15/2018

What we talked about: <ul style="list-style-type: none">• No Recommendation Required	
What I need to do: <ul style="list-style-type: none">• No clinical recommendations required at this time	What I did and when I did it:

My follow-up plan (add notes about next steps):

Questions I want to ask (include topics about medication or therapy):

If you have any questions about your action plan, call Clinical Support Services,

your MTM provider at 1-XXX-XXX-XXXX (TTY XXX) between the hours of 9AM to 6PM (Eastern Standard Time) Monday through Friday.



PERSONAL MEDICATION LIST FOR Joe Test, DOB: 05/04/1954

This medication list was made for you after we talked. We also used information from clinical data provided by your physician and/or your pharmacy claims.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers in your care team to update this list at every visit.

Keep this list up-to-date with:

- prescription medications
- over the counter drugs
- herbals
- vitamins
- minerals

If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

DATE PREPARED: 03/15/2018

Allergies or side effects: Allergies: No Known Allergy
--

Medication: Alprazolam ER 0.5 mg	
How I use it: Take 1 tablet daily	
Why I use it:	Prescriber:
Date I started using it: 08/30/2016	Date I stopped using it:
Why I stopped using it:	

PERSONAL MEDICATION LIST FOR Joe Test, DOB: 05/04/1954

(Continued)

Medication: Amlodipine Tablet 10 mg	
How I use it: take 2 tablets daily	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication: Aspirin	
How I use it:	
Why I use it:	Prescriber:
Date I started using it: 10/21/2016	Date I stopped using it:
Why I stopped using it:	

Medication: rosuvastatin (Crestor Tablet) 20 mg	
How I use it: Take 1 tablet daily	
Why I use it: Hypertension	Prescriber: Unknown
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication: Multivitamin Tablet	
How I use it: 1 tablet daily with breakfast	
Why I use it:	Prescriber:
Date I started using it: 08/05/2016	Date I stopped using it:
Why I stopped using it:	

PERSONAL MEDICATION LIST FOR Joe Test, DOB: 05/04/1954

(Continued)

Medication: Sertraline Tablet 100 mg	
How I use it: take 1 tablet daily	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication: Warfarin Tablet 2.5 mg	
How I use it:	
Why I use it:	Prescriber:
Date I started using it: 10/21/2016	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

PERSONAL MEDICATION LIST FOR Joe Test, DOB: 05/04/1954

(Continued)

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I use it:	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Other Information:

If you have any questions about your medication list, call Clinical Support Services, your MTM provider at 1-XXX-XXX-XXXX (TTY XXX) between the hours of 9AM to 6PM (Eastern Standard Time) Monday through Friday.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB number for this information collection is 0938-1154. The time required to complete this information collection is estimated to average 40 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.