2023 Medicare Part D Review

AEP runs from October 15, 2023 - December 7, 2023

Please complete this form and return via fax, email, or mail

Mail: HighRoad Partners 209 NP Ave N Fargo, ND 58102



Email: info@highroadpartners.com

Fax: 701-212-1192 **Phone**: 701-997-3734

Name:		
Telephone #:	Zip Code:	County:
Current Pharmacy:	Pharmacy Location:	

Please submit your MyChart or pharmacy drug list or complete the form below.

Name of Medication:	Type Of Med:	Dosage:	Quantity	Additional Information:	
Example:					
simvastatin	tablet	20mg	30		
ProAir HFA Inhaler	Inhaler	1	8.5 GM	1 inhaler per year	
Lantus Solostar	injection	3ML pen	1.5 pens	1 pen per month	
*Please do not include vitamins and other over-the-counter medications.					

Additional forms at: www.highroadpartners.com