HARTMAN
INSURANCE SERVICES

Appointment Checklist

Verify that your doctors and medications are covered. Before your appointment with Hartman Insurance, we encourage you to jot down the doctors you see and the prescriptions you take so your agent can verify that they are covered by the plan.

Name: _____ Preferred Pharmacy: _____

Doctor Name and City (e.g., Dr. Jones, Fort Wayne)	Specialty (e.g., Primary Care Doctor)	In Network (Yes/No) (Completed by Agent)

Prescription Name (e.g., Lisinopril)	Dosage XXmg	How Often X tablet(s) per day	Tier/Cost (Completed by Agent)