

MEDICATION ACTION PLAN FOR: < Insert Member's name, DOB: mm/dd/yyyy>

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. Share this with your family or caregivers too.

DATE PREPARED: < Insert date>

What we talked about:	
<insert description="" of="" topic=""></insert>	
What I need to do:	What I did and when I did it:
Insert recommendations for	<leave beneficiary's="" blank="" for="" notes=""></leave>
beneficiary activities>	
What we talked about:	
<insert description="" of="" topic=""></insert>	
TA71 . T . 1 . 1 .	TA71 . T 1: 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .
What I need to do:	What I did and when I did it:
<pre><insert activities="" beneficiary="" for="" recommendations=""></insert></pre>	<leave beneficiary's="" blank="" for="" notes=""></leave>
bontoficiary acceptation	
What we talked about:	
<insert description="" of="" topic=""></insert>	
What I need to do:	What I did and when I did it:
<insert for<="" recommendations="" td=""><td><leave beneficiary's="" blank="" for="" notes=""></leave></td></insert>	<leave beneficiary's="" blank="" for="" notes=""></leave>
beneficiary activities>	

Form CMS-10396 (1/14)

What we talked about: Insert description of topic>	
What I need to do: <insert activities="" beneficiary="" for="" recommendations=""></insert>	What I did and when I did it: <leave beneficiary's="" blank="" for="" notes=""></leave>

What we talked about: Insert description of topic>	
What I need to do: <insert activities="" beneficiary="" for="" recommendations=""></insert>	What I did and when I did it: <leave beneficiary's="" blank="" for="" notes=""></leave>

My Follow-up plan (add notes about next steps):
<leave beneficiary's="" blank="" for="" notes=""></leave>

Questions I want to ask (include topics about medications or therapy): <*Leave blank for beneficiary's notes*>

If you have any questions about your action plan, call PerformRx at 1-888-349-0501 or 1-888-765-6351 (TTD/TTY) between 8:30 a.m. and 5 p.m. (EST), Monday through Friday.