



## ORDER FORM

### PUBLICATIONS AVAILABLE FROM THE CENTER FOR MEDICARE ADVOCACY, INC.

<u>Manuals and Booklets:</u>	<u>Price*</u>	<u>Quantity</u>
Introduction to Medicare Part D PowerPoint presentation and accompanying materials	100.00 each	_____
Medicare Secondary Payer Primer for Lawyers	75.00 each	_____
Summary: Medicare Prescription Drug Improvement and Modernization Act of 2003	10.00 each	_____
An Introduction to Medicare Coverage & Appeals	25.00 each	_____
An Introduction to Medicare Coverage & Appeals For Home Health Care	25.00 each	_____
An Introduction to Medicare Coverage & Appeals For Skilled Nursing Facility Care	25.00 each	_____
An Introduction to Medicare Part D Prescription Drug Coverage	25.00 each	_____
State Health Insurance and Assistance Programs (SHIP) Manual	75.00 each	_____
Medicare Supplemental Insurance (Medigap) Summary	15.00 each	_____
<b><u>Self Help Packets</u></b> (Includes materials needed to file an appeal):		
Skilled Nursing Facility Care	20.00 each	_____
Home Health Care	20.00 each	_____
Hospital Observation Status	20.00 each	_____
Outpatient Physical Therapy	20.00 each	_____
Advocacy Tips for Medicare Home Health Care	15.00 each	_____
<b><u>Newsletters, Brochures and Reports:</u></b>		
Basic Center for Medicare Advocacy Brochure	NC	_____
Medicare Summary - Current Year	1.00 each	_____
Medicare Part D: Prescription Drug Coverage	1.00 each	_____
Medicare for People with Chronic Conditions	1.00 each	_____
Medicare <u>Hospital</u> Coverage	1.00 each	_____
Medicare <u>Skilled Nursing Facility</u> Coverage	1.00 each	_____

Medicare <u>Home Health Coverage</u>	1.00 each	_____
Medicare <u>Part B</u> Coverage	1.00 each	_____
Medicare <u>Hospice</u> Coverage	1.00 each	_____
Medicare Preventive Health Benefits	1.00 each	_____
Medicare Advantage	1.00 each	_____
Medicare for People with Disabilities	1.00 each	_____

**Total Order**     \$ \_\_\_\_\_

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email** \_\_\_\_\_

**Send Order Form and payment to:**                      **Center for Medicare Advocacy, Inc.**  
**P.O. Box 350**  
**Willimantic, CT 06226**

**Regarding All Publications**

**Copyright © Center for Medicare Advocacy, Inc.** All rights reserved, including the right to reproduce these materials or portions thereof in any form whatsoever. For information address the Center for Medicare Advocacy, Inc., P.O. Box 350, Willimantic, CT 06226, (860) 456-7790.

\*Single copies of most publications are free to Connecticut beneficiaries and their families.

Due to budget constraints the Center must charge those outside Connecticut and for professional use.

For more information contact the Center for Medicare Advocacy at (860)456-7790 or [www.medicareadvocacy.org](http://www.medicareadvocacy.org).

Bulk rates available for some items. Call for specifics.