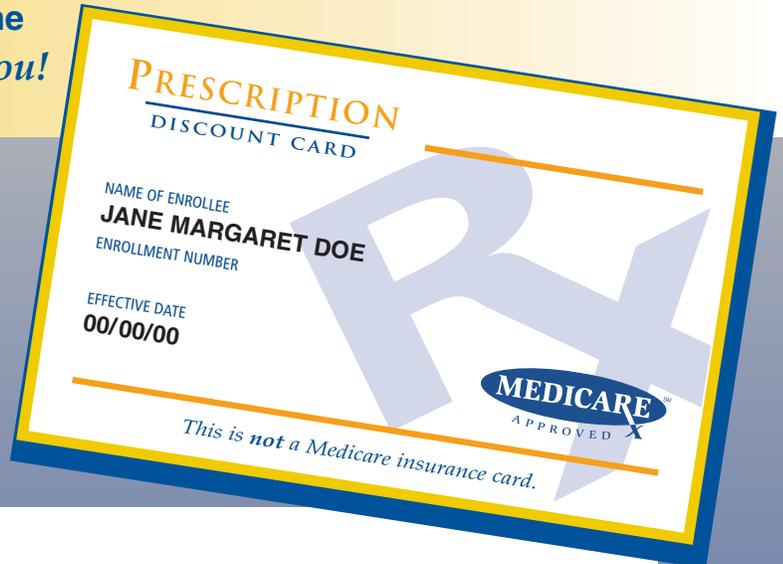


We Want Your Comments!

Are You Saving Money with Your Medicare-Approved Drug Discount Card?

We are interested to hear how your Medicare-Approved Drug Discount Card saved you money. If you would like to be contacted by a Medicare representative to share your experience, please provide the information requested below. *Thank you!*



Name: _____
(Please Print)

Address: _____
(City or Town)

(State and Zip Code)

Telephone: _____
(Please write clearly and include area code)

Signature: _____
(Your signature indicates that you are willing to be contacted. Your participation is voluntary. Your Medicare benefits will not be affected in any way by your answers or your decision to participate.)

This form can be mailed to:

David Chatel
CMS
Room 425 H
Hubert H. Humphrey Bldg.
200 Independence Ave. SW
Washington, DC 20201

For more information regarding enrollment in a Medicare-Approved Drug Discount Card, call **1-800-MEDICARE**, or visit the website at www.medicare.gov