



Your name: \_\_\_\_\_

Date: \_\_\_\_\_

## Prescription Spending Worksheet

*To help you budget for your Part D Plan expenses*

This worksheet is intended to help you figure out your monthly and yearly spending on prescription medications to assist you in planning and budgeting for your Part D plan expenses.

List the names of your current prescriptions	How much do you spend per month for this prescription?
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Notes:	Total Monthly Cost = \$
	Total Yearly Cost = \$ (Total Monthly x 12)

