

## Tips for Medication Compliance

If your doctor prescribes medication, be sure to follow these guidelines:

- Don't stop taking medication without talking to your doctor first even when you feel better
- Some medications may take several weeks of use before you see improvement. Keep taking your prescriptions unless your doctor advises you to stop.
- Get to know your pharmacist. Feel free to ask your pharmacist questions about medications.
- Know the names of all your medications and why, how and when you need them. Keep this list with you.
- Find out whether you need to avoid certain foods, drinks, or drugs.
- Ask about the possible side effects of your medications and what to do if they occur.
- Take all your doses on time. If you miss a dose, ask your doctor or pharmacist what to do.
- Don't take more or less medication than prescribed.
- Never take someone else's medication.
- Clean out your medicine cabinet every three months.
- If you can't remember if you took your medication, keep it in a container with a section for each day of the week to help you keep track. A loved one or other caregiver can also assist you.
- Your doctor may prescribe more than one medication and may need to change them occasionally.
- Be sure to ask your doctor if you have any questions or concerns.

Humana is a Medicare Advantage organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.  
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Please indicate changes to Allergies and Health Conditions below:

Allergies:		Health Conditions:		
<input type="radio"/> No Known	<input type="radio"/> Sulfa	<input type="radio"/> No Known	<input type="radio"/> GERD (Acid Reflux)	<input type="radio"/> High Cholesterol
<input type="radio"/> Codeine	<input type="radio"/> Aspirin	<input type="radio"/> Arthritis	<input type="radio"/> Glaucoma	<input type="radio"/> Migraines
<input type="radio"/> Penicillin	<input type="radio"/> Peanuts	<input type="radio"/> Asthma	<input type="radio"/> Heart Disease	<input type="radio"/> Osteoporosis
<input type="radio"/> Other (please specify) _____		<input type="radio"/> Diabetes	<input type="radio"/> High Blood Pressure	<input type="radio"/> Thyroid Disease
		<input type="radio"/> Other (please specify) _____		

Shipping Address: Complete information below for change in shipping address only.

Street Number	Street Name	Apt/Suite #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I prefer easy open caps

Expedite the shipping of my order for \$17  
(normal processing time still applies)

I prefer brand-name medications only  
(I understand this may lead to higher cost)

