

I Pledge to call my doctor within 30 days and make an appointment for my free annual wellness visit. At that appointment, I will ask my doctor which free and reduced-cost preventive benefits covered by Medicare Part B are right for me.



My annual wellness visit is scheduled as follows:

Doctor: _____

Date: _____

Time: _____

For more information on Medicare preventive benefits, call the NJ Division of Aging Services at 800-792-8820, or visit our website at www.aging.nj.gov.