

BACK SIDE

Is the individual entitled to Medicare Part B for the period of _____?

___ YES If yes, please verify BIC _____, and
Part B entitlement date _____

___ Not eligible, based on disability waiting period. Eligibility date: _____

___ Not eligible, based on alien 5-year residency. Date of entry: _____

___ Not eligible, did not provide proof of age.

___ Not eligible, other. Please explain _____

If the individual has not filed an application for Medicare Part B, please consider this a lead for that application.

INTERIM REPLY
Application filed on _____ Approximate date of adjudication _____
Application pending because _____ _____
Please return a COPY of this form as an interim reply. Please return original when application is adjudicated.

Thank you for your assistance.

REMARKS: _____

Information provided by:

NAME: _____ POSITION: _____

PHONE #: _____ EXT: _____ DATE: _____