BACK SIDE

Is the individual entitled to ESRD Medicare for the period of
_____?

____ YES If yes, please verify BIC _____, and

Medicare entitlement date _____

____ Not eligible, individual is not insured. Individual, parents and/or spouse do not have enough quarters of credit.

____ Not eligible, other. Please explain _____

_____

If the individual has not filed an ESRD Medicare claim, please consider this a lead to secure that application and a CMS-2728.

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: _____