

SSO REPORT OF STATE BUY-IN PROBLEM

IDENTIFICATION

To: HCFA P.O. Box 11977 Baltimore, Maryland 21207-0977	Name	
	Medicare Claim Number	
	Social Security Number (BOAN)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
	Welfare ID Number	Social Security Number
From:	State and County of Residence	
	Claimant's Mailing Address	

PART 1 Report of Problem by SSO <input type="checkbox"/> A. Part B Carrier Claim Denied Name	<input type="checkbox"/> B. Premium being deducted from bene. check	<input type="checkbox"/> C. Being billed for premiums	<input type="checkbox"/> D. Individual received Part B Termin. Notice
<input type="checkbox"/> E. Other (Explain—Give Form Nos. if applicable)			

PART 2 SSI Status at SSO

Receiving: Federal SSI Check Federal Admin. State Supp.

Start Date _____ Stop Date _____

(Attach SSR & HMQ Printouts)

Signature of SSO Representative	Title	Date
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PART 3 Report of Buy-in status by Welfare Department (Check and Complete Applicable Items)

ACCORDING TO _____ WELFARE OFFICE, THE INDIVIDUAL IDENTIFIED ABOVE,

1. Has never been eligible for state buy-in.

2. Has been continuously eligible for state buy-in beginning (Mo., Yr.) — _____

3. Has been eligible for state buy-in only for months of _____ through _____ (Inclusive) If eligibility ended because of death give date of death.

PART 4 information from State's records and/or actions being taken by State

1. Individual is shown on State's bill as Code 41 continuing item beginning (Mo., Yr.) — _____

2. Individual is shown on State's bill as other code. (Show code) _____

3. State will submit (Show code) — _____ in the monthly date exchange (Show month) — _____

Accretion Effective (Mo., Yr.) — _____ Deletion Effective (Mo., Yr.) — _____

4. Other

CONTINUED ON REVERSE

Dept. of Public Welfare Signature	Title	Date
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0035. The time required to complete this information collection is estimated to average 17.5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: HCFA, Mailstop N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850 and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.