LDSS-4384 (3/05)

THIRD PARTY HEALTH INSURANCE DATA

MEDICARE COVERAGE UPDATE

CASE NO. | | | | | | | | | | **CIN NO.** | | | | | | | | |

NAME _____

HIC NUMBER | | | | | | | | | | | | |

BEGIN DATE | | | | | | | | | M M/D D/Y Y Y Y

END DATE | | | | | | | | | M M/D D/Y Y Y Y

PART A

MEDICARE A

BEGIN DATE | | | | | | | | | M M/D D / Y Y Y Y

END DATE | | | | | | | | | M M/D D / Y Y Y Y

BUY-IN A

BEGIN DATE | | | | | | | | | M M/D D/Y Y Y Y

END DATE | | | | | | | | | M M/D D/Y Y Y Y

TRANS CD | |

OMH-OMR CD | | |

PART B

MEDICARE B

BEGIN DATE | | | | | | | | | M M/D D/Y Y Y Y

END DATE | | | | | | | | | M M/D D /Y Y Y Y

BUY-IN B

BEGIN DATE | | | | | | | | | M M/D D/Y Y Y Y

END DATE | | | | | | | | | M M/D D/Y Y Y Y

TRANS CD. | |

OMH-OMR CD | | |

MEDICARE SAVINGS PROGRAM INDICATOR

Check appropriate indicator

P = QMB /_/ **L = SLIMB** /_/ **U = QI-1** /_/ **X = QDWI** /_/

BEGIN DATE | | | | | | | | | M M/D D/Y Y Y Y

END DATE | | | | | | | | | M M/D D/ Y Y Y Y

COMMENTS _____

_____

_____

_____

DATE _____ **ELIGIBILITY WORKER** _____

DATE _____ **TPR WORKER** _____