

CNS Paragraph Form

Date: 10.01.99

Program Area	03 (01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number	U0018
Version Number	
Effective Date	1999
Title	SLMB's Continue Payment of Medicare Part B
Comment	
Reason Code	C10

We will continue Medical Assistance payment of your Medicare Part B premium for:

Name Client I.D. #
Name #
Name #

This decision is based on Department Regulation 360-7.7.

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Nosotros continuaremos con el pago de la Asistencia Medica para cubrir su prima de la Parte B del Medicare para:

Nombre No. de I.D. del Cliente
Nombre #
Nombre #

Esta decision esta basada en la Regulacion Departamental 360-7.7.