LDSS-4384 (8/06)

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 _____

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_____

DATE _____ **ELIGIBILITY WORKER** _____

DATE _____ **TPR WORKER** _____