



# MEDICARE HEALTH INSURANCE

Name/Nombre

**JOHN L SMITH**

Medicare Number/Número de Medicare

**1EG4-TE5-MK72**

Entitled to/Con derecho a

**HOSPITAL (PART A)  
MEDICAL (PART B)**

Coverage starts/Cobertura empieza

**06-01-2023  
06-01-2023**