


新卡！新號碼！

是郵件時間
2018年

新的 Medicare 卡

現用的 Medicare 卡

MEDICARE  **HEALTH INSURANCE**


1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
JANE DOE

MEDICARE CLAIM NUMBER **000-00-0000-A** SEX **FEMALE**

IS ENTITLED TO **HOSPITAL (PART A)** EFFECTIVE DATE **07-01-2016**
MEDICAL (PART B) **07-01-2016**

SIGN HERE → Jane Doe

 **MEDICARE HEALTH INSURANCE**

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

| | |
|---------------------------|-----------------------------------|
| Entitled to/Con derecho a | Coverage starts/Cobertura empieza |
| HOSPITAL (PART A) | 03-01-2016 |
| MEDICAL (PART B) | 03-01-2016 |

