

**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)  
MEDICAL (PART B)**

EFFECTIVE DATE

**07-01-1986  
07-01-1986**

SIGN  
HERE →

1. Carry your card with you when you are away from home.
2. Let your hospital or doctor see your card when you require hospital, medical, or health services under **Medicare**.
3. Your card is good wherever you live in the United States.

WARNING: Issued only for use of the named beneficiary. Intentional misuse of this card is unlawful and will make the offender liable to penalty. If found, drop in nearest U.S. Mail box.



**Centers for Medicare &  
Medicaid Services**  
Baltimore, MD 21244-1850  
Form CMS-1966 (01/2002)

If you have questions  
about Medicare,  
call **1-800-MEDICARE**  
**(1-800-633-4227;**  
**TTY/TDD: 1-877-486-2048)**  
or visit us at  
**[www.medicare.gov](http://www.medicare.gov)**