

MEDICARE			HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)				
NAME OF BENEFICIARY				
JANE DOE				
MEDICARE CLAIM NUMBER		SEX		
000-00-0000-A		FEMALE		
IS ENTITLED TO		EFFECTIVE DATE		
HOSPITAL	(PART A)	07-01-1986		
MEDICAL	(PART B)	07-01-1986		
SIGN				
HERE _____				