Hospice is covered by Original Medicare under Part A. When a patient elects their hospice benefit their coverage reverts back to Medicare, please obtain and verify their Medicare Claim Number and Social Security Number.

MEDIC	ARE	<b>F</b>	HEALTH INS	URANCE
1-800-MEDICARE (1-800-633-4227) NAME OF BENEFICIARY JANE DOE MEDICABE CLAIM NUMBER SEX (000-00-0000-A) FEMALE				
IS ENTITLED TO HOSPITAL MEDICAL	(PAR (PAR	EFFEC	ALE 11VE DATE 07-01-19 07-01-19	
sign → Jane Dee				

Medicare Claim Number \_\_\_\_\_

Social Security Number \_\_\_\_\_



BCBS Subscriber Number \_\_\_\_\_



Michigan Medicaid Subscriber ID Number

