

Medicare Paper Application Form

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Medicare Paper Application Form

• The paper CMS-855B enrollment application. Be sure you are using the most current version. For additional information regarding the Medicare enrollment process, including Internet-based PECOS and to

MEDICARE ENROLLMENT APPLICATION

When you've completed your paper application, print it and sign it. Your signature is required to be handwritten when you submit a paper application. Make a copy of the signed form for your records before mailing it to your Medicare Administrative Contractor (MAC) i with your supporting documents and EFT Authorization Agreement form.

Enrollment Applications | CMS - Centers for Medicare ...

*If you have Medicare Part A or B, send a copy of the front of your Medicare ID card. A. Applicant and Spouse Information Prescription Advantage Application Form for Massachusetts residents 65 years of age and older or under age 65 and disabled P Prescription. 2 Rev 1/1/2020

Prescription Advantage Application Form P Prescription

Application for Mississippi. Medicaid Aged, Blind and . Disabled Medicaid Programs • This application is used to apply for Medicaid due to age, blindness or disability. An individual or couple may use this form to apply. This form & other program information is available on the MS Division of Medicaid's website . www.medicaid.ms.gov

Application for Mississippi Medicaid Aged, Blind and ...

help pay for Medicare premiums and expenses • Mail your application to: DSHS Community Services Division - Customer Service Center PO Box 11699, Tacoma, WA 98411-6699 • Fax your application to 1-888-338-7410 • Take your application to a local Community Services Office (CSO).

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