



This page to be completed by the Social Security Administration

PROVEN SOLUTIONS FOR COST CONTAINMENT

175 Kelsey Lane | Tampa, FL 33619 | 1.888.MSA.PMSI | www.pmsionline.com

Mail correspondence: PO Box 31646 | Tampa, FL 33631

TO: Social Security Administration
RE:
SSN:

PLEASE COMPLETE ALL APPROPRIATE QUESTIONS BELOW

Is claimant currently a Medicare and/or Medicaid (SSI) recipient? Yes ___ No ___

Is claimant receiving: Medicare Part A ___ Date of Entitlement ___
Medicare Part B ___ Date of Entitlement ___
Medicare Part D ___ Date of Entitlement ___
SSI/Medicaid ___ Date of Entitlement ___

If claimant is NOT receiving Medicare/Medicaid benefits, please complete the following:

Is claimant receiving SS Retirement Benefits? Yes ___ No ___
Effective Date _____

Is claimant receiving SSD benefits but not yet a Medicare beneficiary? Yes ___ No ___
Date of entitlement to SSD: _____

If claimant is not a SSR/SSD beneficiary only, please complete the following:

Has a claim or request for hearing for SSD/SSI benefits been filed? Yes ___ No ___

Date of Application: _____

Claim Denied? Yes ___ No ___

Appeal Filed? Yes ___ No ___

Is claimant insured for SSD? Yes ___ No ___

SSA Representative Signature _____ Date _____