#### PATIENT'S REQUEST FOR MEDICAL PAYMENT

IMPORTANT: PLEASE READ THE ATTACHED INSTRUCTIONS PRIOR TO SUBMITTING A CLAIM TO MEDICARE SEND ONLY THE COMPLETED FORM TO YOUR MEDICARE ADMINISTRATIVE CONTRACTOR – include a copy of the itemized bill and any supporting documents. Make a copy of your claim submission for your records and allow at least 60 days for Medicare to receive and process your request.

Reference the Medicare Administrative Contractor Address Table for the correct address to mail your claim form.

Medicare will not process a beneficiary request for payment for diabetic test strips, Part B drugs, or for items paid for under the DMEPOS Competitive Bidding program.

Your reason for submitting this claim: (see the Instructions for additional information, check one box only)

- The provider or supplier refused to file a claim for Medicare Covered Services
- The provider or supplier is unable to file a claim for the Medicare Covered Services
- The provider or supplier is not enrolled with Medicare

IF YOU NEED HELP, CALL 1-800-MEDICARE (1-800-633-4227). TTY USERS SHOULD CALL 1-877-486-2048.

Type of Patient's Request (see instructions for additional information, check one box only):

- Influenza/Pneumococcal Vaccination, Part B (includes physician, laboratory, imaging services), Foreign Travel (including Canada and Mexico) and/or Shipboard Services
- O Durable Medical Equipment, Prosthetics, Orthotics and Supplies

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#### **SECTION 1 - PATIENT INFORMATION**

Patient's Name as shown on Medicare Card (Last, First, Middle)

Patient's Medicare Number exactly as it is shown on the Medicare card:	Date of Birth (mm/dd/yyyy)	OMale Ofemale
Street address (or P.O. Box - include apartment number)		
	State	100
City	Seate	Zip code

Telephone number

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