



MEDICARE HEALTH INSURANCE	
HEALTH CARE FINANCING ADMINISTRATION	
NAME OF BENEFICIARY <b>ROSE B. SCOTT</b>	
MEDICARE CLAIM NUMBER <b>123-45-6789-Z</b>	SEX <b>FEMALE</b>
IS ENTITLED TO <b>HOSPITAL (PART A) 06-01-1994</b> <b>MEDICAL (PART B) 03-01-2001</b>	
SIGN HERE * <i>Rose B. Scott</i>	

