


government health program



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

health insurance

