

# Ejemplo A: Tarjeta de identificación de Medicaid

MEDICAID IDENTIFICATION CARD					(SEE INSTRUCTIONS ON BACK)		
N.C. DEPT. OF HEALTH AND HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE					<b>VALID</b>		
CAP	COUNTY CASE NO.	ISSUANCE	PROGRAM	CLASS	FROM	THRU	
CS	111111	99999R	MAD	C	09-01-1999	09-30-1999	
RECIPIENT I.D.		ELIGIBLE FOR MEDICAID			INS. NO.	BIRTH DATE	SEX
111-22-3333-Z		Mary H. Client Dr. Nancy Drew 101 Mystery Lane Happyvalley, NC 29999 910-555-5555 910-555-99991			1	12-18-70	F
INS. NO.	NAME CODE	POLICY NUMBER	TYPE				
1	091	998877665544	00				
Carolina ACCESS Enrollee September 1999 MAD 11 10847610 101 Mary H. Client 6 Lucy Lane Happyvalley, NC 29999							
RECIPIENT					(Not valid unless signed)		
SIGNATURE _____							
MISUSE MAY RESULT IN FRAUD PROSECUTION							

## **Ejemplo B: Aviso de adjudicación**

### Social Security Administration **Medicare Prescription Drug Assistance**

Notice of Award

Southeastern Program Service Center  
123 Street North  
Birmingham, Alabama 99999  
Date: MMDDYYYY  
Social Security Number: xxx-xx-xxxx

You are eligible for extra help with Medicare prescription drug plan costs. To take advantage of this benefit, you must enroll in a Medicare approved prescription drug plan or Medicare Advantage plan with prescription drug coverage, if you are not already enrolled in one. If you do not choose a Medicare prescription drug plan, Medicare will choose one for you to be sure you get this benefit. You will receive more information from Medicare.

The rest of this letter explains the extra help with the prescription drug plan costs, the information used to determine your eligibility, how to sign up for a Medicare prescription drug plan, what to do if your situation changes, and your appeal rights.

#### **Information About This Help With Your Prescription Drug Plan Costs**

You are eligible for partial help to pay your Medicare prescription drug premium, also known as subsidy because your income is below the limits established by the law.

You are eligible for:

- 25% subsidy to help pay your Medicare Part D premium
- Reduced prescription drug deductible
- Reduced prescription drug co-payment amounts.

#### **Information Used To Determine Your Eligibility**

You have the following resources:

- Cash
- Bank Accounts

Your resources we count are less than or equal to \$,,\$,\$,\$\$. The enclosed worksheet shows how we counted your resources.

(No se incluye la página siguiente)

## **Ejemplo C: ADMINISTRACIÓN DEL SEGURO SOCIAL**

\*\*\* REC 2008010 113120 H69E45EO C4UX CIPQYAG PQAG (F-IAY) \*\*\*

### SOCIAL SECURITY ADMINISTRATION

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, may send them this letter.

#### Information About: Current Social Security Benefits

Beginning MMDDYYYY, the full monthly  
Social Security benefit before any deductions is..... \$\$\$\$.\$\$

We deduct \$\$.\$\$ for medical insurance premiums each month.

The regular monthly Social Security payment is ...\$\$\$\$.\$\$

(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your social security benefits are paid on or about the third of each month.

#### Date of Birth Information

The date of birth shown on our records is MMDDYYYY.

#### Other Important Information

SENT BY S14

#### Medicare Information

You are entitled to hospital insurance under Medicare beginning MMDDYYYY.

You are entitled to medical insurance under Medicare beginning MMDDYYYY.

(No se incluye la página siguiente)

## Ejemplo D: NOTIFICACIÓN DE ACCIÓN

### NOTICE OF ACTION

Mail Station: 999  
Somewhere County  
Dept of Emp and Social Srvc  
P.O. Box 9999  
City CA 99999-9999


As of MMDDYYYY your application for the Qualified Medicare Beneficiary (QMB) program is approved.

The QMB program will pay your Medicare Part A and B expenses including premiums, coinsurance, and deductibles.

If you are currently paying Medicare premiums, please allow 3-4 months from the date of this notice for the Social Security Administration (SSA) to stop deducting these premiums from your Social Security check. You may get a refund from the SSA based on their records.

If you are receiving regular Medi-Cal benefits, this action will not affect those benefits.

**Rules:** These rules apply; you may review them at your welfare office: 50258.

### COUNTY OF SOMEWHERE

Notice Date:

Case Name:

Number:  
Worker

Number:

Telephone:

Office Hrs:

Address:

Questions? Ask your Worker

**State Hearing:** If you think this action is wrong you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.