





# Medicare Reporting

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### Section III

I understand that the information requested is to assist the requesting insurance arrangement to accurately coordinate benefits with Medicare and to meet its mandatory reporting obligations under Medicare law.

\_\_\_\_\_  
Policyholder Name (Please Print)

\_\_\_\_\_  
Medicare Claim Number

\_\_\_\_\_  
Name of Person Completing This Form If Policyholder is Unable (Please Print)

\_\_\_\_\_  
Signature of Person Completing This Form

\_\_\_\_\_  
Date

*If you have completed Sections I through III above, stop here. If you are refusing to provide the information requested in Sections I through III, proceed to Section IV.*

### Section IV

\_\_\_\_\_  
Policyholder Name (Please Print)

\_\_\_\_\_  
Medicare Claim Number

*For the reason(s) listed below, I have not provided the information requested. I understand that if I am a Medicare beneficiary and I do not provide the requested information, I may be violating obligations as a beneficiary to assist Medicare in coordinating benefits to pay my claims correctly and promptly.*

**Reason(s) for Refusal to Provide Requested Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing This Form

\_\_\_\_\_  
Date