APPLICATION FOR ENROLL	MENT IN MEDICARE PART B (MEDICAL INSURANCE)
. Your Social Security Claim Number	Beneficiary Identification Code (BIC)
. Do you wish to sign up for Medicare Part	B (Medical Insurance)? YES
. Your Name (Last Name, First Name, Midd	le Name)
. Mailing Address (Number and Street, P.O.	. Box, or Route)
. City	State Zip Code
Phone Number (including area code)	
. Written Signature (D-O NOT PRINT)	8. Date Signed
IGN HERE	
. Signature of Witness	PPLY THE INFORMATION REQUESTED BELOW. 10. Date Signed / /
1. Address of Witness	
2. Remarks	
. Phone Number (including area code)	And S
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IGN HERE	
	SIGNED BY MARK (X), A WITNESS WHO KNOWS THE APPLICANT PPLY THE INFORMATION REQUESTED BELOW.
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Persons with Disabilities Joshua M. Wiener, Steven B. Clauser, David L. Kennell, 2010-12-01 A key issue in the debate about reforming the U S health care system is how to finance and organize the delivery of long term care This volume offers perspectives on several important facets of this problem including the regulation of private long term care insurance catastrophic out of pocket costs and the use of long term care and acute care services by the chronically disabled elderly In addition to the editors the contributors are Lisa Alecxih David Kennell and John Corea Lewin VHI Brian Burwell and William Crown SysteMetrics Terry Coughlin Korbin Liu and Sharon Long Urban Institute Judith Kasper Johns Hopkins University Kenneth Manton and P J Eric Stallard Duke University Jennifer Schore Mathematica Policy Research Catherine Sullivan Brookings and Bruce Vladeck Health Care Financing Administration Dialogues on Public Policy Privacy Act Issuances ...

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