

## APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)

1. Your Social Security Claim Number

Beneficiary Identification Code (BIC)

-   -

2. Do you wish to sign up for Medicare Part B (Medical Insurance)? ☐ YES

3. Your Name (Last Name, First Name, Middle Name)

4. Mailing Address (Number and Street, P.O. Box, or Route)

5. City

State

Zip Code

6. Phone Number (including area code)

(    )    -

7. Written Signature (DO NOT PRINT)

SIGN HERE

8. Date Signed

/   /

IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), A WITNESS WHO KNOWS THE APPLICANT  
MUST SUPPLY THE INFORMATION REQUESTED BELOW.

9. Signature of Witness

10. Date Signed

/   /

11. Address of Witness

12. Remarks

6. Phone Number (including area code)

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# Sample Of Medicare Enrollment Application

**Léo Pomar**



## **Sample Of Medicare Enrollment Application:**

## Unveiling the Energy of Verbal Art: An Psychological Sojourn through **Sample Of Medicare Enrollment Application**

In some sort of inundated with displays and the cacophony of instant transmission, the profound power and emotional resonance of verbal artistry frequently fade in to obscurity, eclipsed by the constant assault of noise and distractions. However, located within the lyrical pages of **Sample Of Medicare Enrollment Application**, a charming perform of fictional elegance that pulses with natural feelings, lies an wonderful trip waiting to be embarked upon. Written by a virtuoso wordsmith, this enchanting opus courses viewers on a psychological odyssey, gently revealing the latent possible and profound influence stuck within the intricate internet of language. Within the heart-wrenching expanse of the evocative examination, we will embark upon an introspective exploration of the book is key subjects, dissect its captivating publishing fashion, and immerse ourselves in the indelible impact it leaves upon the depths of readers souls.

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