

Fax

To: SSA (Medicare Part B Enrollment) From: _____
 Fax: _____ Pages: (INCLUDING COVER)
 Phone: _____ Date _____
 Re: ADD Part B= Start date cc: _____

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

Per our phone conversation please see the attached completed two forms to start my Medicare Part B

Requested Effective Date of: ____ - ____ - ____

Following pages contain my two forms

CMS-40B

CMS- L564 from my employer

Thank You!