

Medicare Proof of Enrollment Form for 2017 Quarterly Reimbursements

IMPORTANT: You must complete, sign and submit this form with attachments to receive any Medicare reimbursements in 2017. Please call QVI at 800-408-9717 if you need assistance.

Directions:

1. Complete **all three (3)** sections entirely; and
2. Attach Benefit Verification of Part B Premiums from Social Security or Medicare; and
3. Attach copy of Medicare Advantage Plan ID card, and
4. Attach proof of Medicare Advantage Plan monthly cost, and
5. Return this form to: **QVI Risk Solutions, PO Box 7199 Bend, OR 97708.**

Due no later than Friday, February 24, 2017

SECTION 1: Medicare Part B Reimbursement (*required*)

I pay \$_____.____ per month for Medicare Part B (**attach Benefit Verification from Social Security or Medicare to show proof of Part B premium amount**)

SECTION 2: Medicare Advantage Plan Reimbursement (*required*)

| | |
|---|---|
| <p>PLEASE CHECK ONE BOX</p> | <p><input type="checkbox"/> Regence Plan through Lane County</p> <p><input type="checkbox"/> Other _____ (attach copy of ID card and proof of plan cost) e.g., MODA, PERS, PacificSource</p> <p><input type="checkbox"/> I am not enrolled on a Medicare Advantage Plan</p> |
| <p>PRINTED NAME and SIGNATURE REQUIRED</p> | <p>Please Print name <i>as it appears on your Social Security Card</i> below:</p> <hr/> <p style="text-align: center;"> First Name Middle Name Last Name </p> <hr/> <p style="text-align: center;"> Signature Date </p> |

SECTION 3: Contact Information (*required*)

| | |
|--|---|
| <u>PLEASE PRINT</u> ENTIRE SECTION REQUIRED | Full Name: _____ <i>Please Print name as it appears on your Social Security Card.</i> |
| | Address: _____ _____ |
| | Home Phone (_____) _____ |
| | Cell Phone (_____) _____ |
| | Email Address: _____ |
| | Emergency Contact Name: _____ |
| | Emergency Contact Address: _____ |
| | Emergency Contact Relationship: _____ |
| Emergency Contact Phone Number: (_____) _____ | |

**Please mail complete, signed form and attachments
no later than February 24th, 2017 to:**

**QVI Risk Solutions
PO Box 7199
Bend, OR 97708**

If you have any questions, please contact QVI at 800-408-9717.