

SSO REPORT OF STATE BUY-IN PROBLEM

IDENTIFICATION

To:
**HCFA
P.O. Box 11977
Baltimore, Maryland 21207-0977**

From:

Medicare Claim Number

Social Security Number (BOAN) Sex M F

Welfare ID Number Social Security Number

State and County of Residence

Claimant's Mailing Address

PART 1 Report of Problem by SSO

A. Part B Carrier Claim Denied Name

B. Premium being deducted from bene. check

C. Being billed for premiums

D. Individual received Part B Termin. Notice

E. Other (Explain—Give Form Nos. if applicable)

PART 2 SSI Status at SSO

Receiving: Federal SSI Check
Federal Admin. State Supp.

Start Date _____ Stop Date _____

(Attach SSR & HMQ Printouts)

Signature of SSO Representative _____ Title _____ Date _____

PART 3 Report of Buy-In status by Welfare Department (Check and Complete Applicable Items)

ACCORDING TO _____ WELFARE OFFICE, THE INDIVIDUAL IDENTIFIED ABOVE,

1. Has never been eligible for state buy-in.

2. Has been continuously eligible for state buy-in beginning (Mo., Yr.) — _____

3. Has been eligible for state buy-in only for months of _____ through _____ (Inclusive).
If eligibility ended because of death give date of death.

PART 4 Information from State's records and/or actions being taken by State

1. Individual is shown on State's bill as Code 41 continuing item beginning (Mo., Yr.) — _____

2. Individual is shown on State's bill as other code. (Show code) _____

3. State will submit (Show code) — _____ in the monthly date exchange (Show month) — _____
Accretion Effective (Mo., Yr.) — _____ Deletion Effective (Mo., Yr.) — _____

4. Other

CONTINUED ON REVERSE

Dept. of Public Welfare Signature _____ Title _____ Date _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0035. The time required to complete this information collection is estimated to average 17.5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: HCFA, Mailstop N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850 and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.