COMMON GROUND

HEALTHCARE COOPERATIVE

Medicare Eligibility Form

Common Ground Healthcare Cooperative (CGHC) requires additional information related to Coordination of Benefits (COB) due to Medicare to accurately process your claims. Please complete the information below and return within thirty-one (31) days, so the processing of your claims will not be delayed.

I. Medicare Eligibility Information

1. Are you currently enrolled with Medicare health insurance coverage? ☐Yes ☐No
2. Do you plan to enroll with Medicare health insurance coverage within the next 3 months? ☐Yes ☐No
   a. If yes, what is the reason for Medicare coverage: ☐ Age 65 or older ☐ Disability ☐ End Stage Renal Disease (ESRD)*
3. If the reason for Medicare coverage is for ESRD, please provide the following:
   a. Date dialysis treatment began: _____
   b. Was ESRD treatment started in a facility? ☐Yes ☐No
   c. Was ESRD treatment started as self-dialysis or home dialysis? ☐Yes ☐No
   d. Has a transplant been performed? ☐Yes ☐No
      i. If yes, the date the transplant was performed: _____
4. If you are / turning 65 years old or older and will not be enrolling in Medicare, what is the reason for not enrolling?

   _____

II. Medicare Coverage Information

1. Name of person(s) currently enrolled / will be enrolled with Medicare health insurance coverage within the next 3 months?
   a. First Name: _____ Last Name: _____
   b. First Name: _____ Last Name: _____
2. Medicare identification number, including alpha character(s): _____
3. Medicare Part A effective date: _____
4. Medicare Part B effective date: _____ ☐ Elected to not enroll
5. Medicare Part C effective date: _____ ☐ Elected to not enroll
6. Medicare Part D effective date: _____ ☐ Elected to not enroll

III. Eligibility Form Submission

1. Subscriber Name (Print): _____
2. CGHC Member ID Number: _____
3. Subscriber Signature: _____ Date: _____

Please return this completed and signed form within 31 days of the date of this letter using one of the options below:

Mail the form to:
Common Ground Healthcare Cooperative
PO Box 1630
Brookfield, WI 53008-1630

Email the form to:
info@commongroundhealthcare.org

Contact Member Services:
(to provide this information verbally)
#1-877-514-2442

The enclosed notice contains details on CGHC non-discrimination and the availability of language assistance services.