

Long-Term Care Facility

Are you a resident in a long-term care facility, such as a nursing home?

Yes No

If Yes, please provide the following information:

Name of Institution: _____ Phone Number: _____

Address: _____ State: _____ Zip: _____

End Stage Renal Disease

Do you have Medicare due to End Stage Renal Disease?

Yes Proceed below No Proceed to the question about Medicaid

If you have had a successful kidney transplant and/or you no longer need regular dialysis, please attach a note or records from your doctor stating you have had a successful kidney transplant or do not need dialysis. Otherwise, we may need to contact you to obtain additional information.

If Yes, what is the date of year first dialysis treatment?

Date: (month) _____ (year) _____

Do you have Medicare because of End Stage Renal Disease and has it been less than 20 months since you became eligible?

Yes No

If Yes, please provide prior commercial coverage: Carrier's name: _____

Member Number: _____ Effective Date: _____

Medicaid Program

Are you enrolled in your state Medicaid program (different from medicare)

Yes No

If Yes, please provide your Medicaid ID number: _____

Signature of Spouse or Authorized Representative: _____ **Date:** _____

Printed name of Authorized Representative, if applicable: _____

If you are the authorized representative, you must sign above and provide the following information.

Address: _____

Phone Number: _____ **Relationship to enrollee:** _____

TRP-Care Medicare Advantage PPO is a Medicare Advantage plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. This information is not a complete description of benefits. Contact Humana at 1-800-320-9566 for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or member cost-share may change each year. You must continue to pay your Part B premium.