

Section II: Medicare Information (Complete only if you need Fallon Health to update Medicare insurance information.)

Name: _____ Medicare Beneficiary Identifier (MBI) Number: _____
Last, First, Middle initial

Part A:

Add Policy Start Date: _____ End Date: _____

Close Policy Start Date: _____ End Date: _____

Part B:

Add Policy Start Date: _____ End Date: _____

Close Policy Start Date: _____ End Date: _____

Part C:

Note: Part C plans are commonly known as Medicare Advantage plans.

Add Policy Start Date: _____ End Date: _____

Insurance Carrier: _____ Plan Name: _____

Close Policy Start Date: _____ End Date: _____

Insurance Carrier: _____ Plan Name: _____

Part D:

Add Policy Start Date: _____ End Date: _____

Insurance Carrier: _____ Plan Name: _____

Close Policy Start Date: _____ End Date: _____

Insurance Carrier: _____ Plan Name: _____

Step 3: Return the completed form to Fallon Health in one of these ways:

1. Fax: 508-368-9890

2. Mail:

Fallon Health

Attn: COB

PO Box 211308

Eagan, MN 55121-2908

Questions?

Call Fallon Health Provider Services at (866) 275-3247, opt. 4