Medicare Coordination of Benefits



Blue Cross and Blue Shield of New Mexico

Return to BCBSNM: P.O. Box 27630 Albuquerque, New Mexico 87125-7630 1-800-432-0750

Date:			
Group/Identification Number:			
n order to process your claim(s) effe	ectively, pleas	se furnish the ne	eeded informatio
MEMBER:			
Do you have Medicare Part A?	🗌 Yes	🗌 No	
If yes, the effective date is:	/	_/	
Do you have Medicare Part B?	🗌 Yes	🗌 No	
If yes, the effective date is:	/	_/	
Medicare Number:			
Reason for entitlement:	ESRD	🗌 Age 65	Disability
If ESRD is the reason for entitlement, when was the first date of dialysis?	/	_/	
SPOUSE AND/OR DEPENDENT:			
Do you have Medicare Part A?	🗌 Yes	🗌 No	
If yes, the effective date is:	/	_/	
Do you have Medicare Part B?	🗌 Yes	🗌 No	
If yes, the effective date is:	/	_/	
Medicare Number:			
Reason for entitlement:	ESRD	🗌 Age 65	Disability
If ESRD is the reason for entitlement, when was the first date of dialysis?	/	_/	
OTHER:			

If you have any questions, please call the telephone number listed on the back of your member ID card.

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