

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: _____

In order to process your claim(s) effectively, please furnish the needed information below.

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.