REFERRAL TO SOCIAL SECURITY ADMINISTRATION
Due to Buy-In Discrepancy

SSA CONTACT NAME	SSA FAX NUMBER

BENEFICIARY NAME		BENEFICIARY'S OWN SOCIAL SECURITY NUMBER
MEDICARE CLAIM NUMBER	DATE OF BIRTH	MEDICAID CASE NUMBER

CHECK (✓) ONE	ENTER CATEGORY & PROGRAM STATUS CODE (PSC)
☐ QMB ☐ QMB and MA	CATEGORY/PSC _____ EFFECTIVE DATE OF COVERAGE _____
☐ SLMB ☐ SLMB and MA	CATEGORY/PSC _____ EFFECTIVE DATE OF COVERAGE _____
☐ QI ☐ QDWI	CATEGORY/PSC _____ EFFECTIVE DATE OF COVERAGE _____

ADDITIONAL INFORMATION

CAO CONTACT NAME	CAO CONTACT PHONE NUMBER
CAO NAME/DISTRICT	CAO FAX NUMBER

SSA RESPONSE