



		CASE IDENTIFICATION
		CO RECORD NUMBER CAT CTR DIG DIST
		Date:
		Date.
Dear		
	,	
We are working	g on paying your Medicare prer	miums, but we need more information.
Please return the	following information in the encl	losed envelope:
		or payment of your Medicare premiums.
You should be en	rolled by the end of next month.	
Other:		
		-
If Medic	care premiums are being taken o	out of your Social Security, you will
get a re	fund for the months starting who	en you applied (and you may also
get a re	fund for the 3 months before yo	ou applied).
	uestions, please call the Statewi phia, call 215-560-7226.	ide Customer Service Center at 1-877-395-
·		
If you need legal h	nelp or you have questions, you	ı can also call your local legal services office.
	S	incerely,
	II.	MCW Signature