



LTBB Medicare Reimbursement Program



ATTN: LTBB Sponsorship Specialist
1260 Ajijaak Avenue Petoskey, MI 49770
P:231-242-1748 F:231-242-1617
E: mcarereimburse@ltbbodawa-nsn.gov

I, _____, have reviewed the following:
PLEASE PRINT YOUR FULL NAME

- The Medicare Reimbursement Program is available to all LTBB Citizens nationwide.
- **Maximum payment for Part B** - Current CMS published rate for Part B standard monthly premium (this does not include adjusted rates due to income or penalty)
- **Maximum payment for Part D** - \$75 per month
- Two payments are issued each calendar year, in the order they are received
 - **Application processing for the first payment:** opens January 1st - February 14th deadline
 - Covers expenses from July 1st-December 31st of prior year
 - **Application processing for the second payment:** opens July 1st - August 14th deadline
 - Covers expenses from January 1st - June 30th of current year
- ***** Late submissions are denied*****
- **Applicants must complete the application and submit:**
 - Copy of Medicare card
 - **Part B** - a copy of your Social Security benefits letter showing the Part B deductions
 - **Part D** - a copy of your prescription insurance card **AND** bank statement/statement from your insurance plan showing plan payments

PLEASE NOTE: Incomplete applications will not be processed unless the applicant submits all required documentation before the deadline

I UNDERSTAND THAT FAILURE TO FOLLOW THESE INSTRUCTIONS WILL RESULT IN MY APPLICATION BEING DENIED. I ALSO UNDERSTAND IF I PROVIDE FALSE INFORMATION CAN RESULT IN REFERRAL TO THE PROSECUTING ATTORNEY FOR FRAUD, AND/OR RECOVERY OF FUNDS PAID ON MY BEHALF.

REIMBURSEMENT FOR PART B REIMBURSEMENT FOR PART D

SIGNATURE

DATE

PRINTED NAME

DATE OF BIRTH

ADDRESS

ENROLLMENT #

CITY/STATE/ZIP

PHONE #

EMAIL

PREFERRED COMMUNICATION METHOD