



**Health Solutions**  
**Religious Medical Trust**  
1205 Windham Parkway  
Romeoville, IL 60446  
800.807.0100 / 630.378.2505 fax

### Member Medicare Change Form

Please fax to Billing and Eligibility Service at 630.378.2505 or send an email to HealthEnrollment@CBServices.org.

Date	From	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Current Personal Information

Member's Last Name	Middle Initial	Member's First Name	Personal Identification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	City	State	Zip Code +4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Email Address		
<input type="text"/>	<input type="text"/>		

#### Medicare Information (A copy of the Member's Cards are required)

- Medicare A and B     Medicare A and B Disability     Medicare A Only     Medicare B Only     Medicare D

#### Effective Date for Coverage by...

Medicare A is:	<input type="text"/>	Submitted by...	<input type="text"/>
Medicare B is:	<input type="text"/>	Title and Date	<input type="text"/>
Medicare D is:	<input type="text"/>		