CHIEF FINANCIAL OFFICER
JIMMY PATRONIS
STATE OF FLORIDA

Division of Rehabilitation and Liquidation
www.myfloridacfo.com/division/receiver

<DATE>

<NAME>
<ADDRESS>
<ADDRESS #2>
<CITY, STATE, ZIP>

RE: Receivership: COMPANY NAME
Claimant:
Date of Loss:
Claim Number:
RCN: XXX-

Dear: <NAME>

Under the Medicare Mandatory Insurer Reporting Law (Section 111 of Public Law 110-173), which is implemented by the Center for Medicare and Medicaid Services (CMS), certain mandatory reporting requirements may apply to the claim you submitted to the Florida Department of Financial Services, Division of Rehabilitation and Liquidation (DEPARTMENT).[1] The DEPARTMENT is required to determine whether you are eligible for Medicare benefits, and if so, to report information regarding your claim to CMS.

In order for us to determine whether you are Medicare eligible, we request that you complete the enclosed Affidavit of Medicare Eligibility Form. The information you provide will be used only to determine your Medicare status and to enable us to meet our CMS reporting obligations. Additional information is available on the CMS website at: https://www.cms.gov/medicare/coordination-of-benefits-and-recovery/mandatory-insurer-reporting-for-non-group-health-plans/overview.html

To expedite the review of your claim, please complete the information requested on the Affidavit of Medicare Eligibility Form and return the Affidavit to the Department by SEPTEMBER 20, 2024.

Please use your exact formal name as it appears on your social security card (no nicknames).

If not returning via USPS, please submit electronic responses securely per the instructions found here: https://www.myfloridacfo.com/division/receiver/electronic-submissions. (Although these instructions reference a POC form, they can be followed for this submission also.)

If you have any questions, please contact us at the number below.

[1] *See* Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA), 42 U.S.C. § 1395y(b)(8).