

Health



Insurance

S O C I A L S E C U R I T Y A C T

NAME OF BENEFICIARY

LOUIS HENDERSON

CLAIM NUMBER

303-07-4713-A

SEX

MALE

IS ENTITLED TO

EFFECTIVE DATE

HOSPITAL INSURANCE 7-1-66

MEDICAL INSURANCE 7-1-66

SIGN
HERE

Louis Henderson

1. Carry your card with you when you are away from home.
2. Let your hospital or doctor see your card when you require hospital, medical or health services under "Medicare."
3. Get in touch with your social security office if you have questions about your rights under "Medicare."
4. Your card is good wherever you live in the United States.

WARNING: Issued for the sole use of the holder designated hereon. Intentional misuse of this card is unlawful and will make the offender liable to penalty.

**PROPERTY OF UNITED STATES GOVERNMENT.
IF FOUND DROP IN NEAREST U.S. MAIL BOX.**

**Return To: SOCIAL SECURITY ADMINISTRATION
Baltimore, Maryland 21235**



Blue Cross
Blue Shield

PRE-DETERMINATION REQUIRED FOR NON-MEDICARE ENROLLEES, FOR HOSPITALIZATION AND CERTAIN SERVICES. EMERGENCY ADMISSIONS REQUIRE NOTICE WITHIN 24 HOURS. CALL:

GENERAL MOTORS

ICP Informed
Choice
Plan

RETIREE

1-800-521-5995

CONTRACT NO.

PLAN CODE

303 074 713

130A630

GROUP NO.

COVERAGE CODE

83500

UAW

BCBS RX H

ENROLLEE NAME

HENDERSON L

SUBSTANCE ABUSE IS SEPARATE COVERAGE - CALL FOR PRE-DETERMINATION 1-800-235-2302

ENROLLEE/DEPENDENT SIGNATURE

Louis Henderson

PRE-DETERMINATION FOR CERTAIN SERVICES IS REQUIRED FOR NON-MEDICARE ENROLLEES

Benefits may be limited unless pre-determination approval is obtained before certain non-emergency services are provided. All health care providers are expected to submit a pre-determination authorization two weeks prior to delivery of service. Notification of emergencies on the toll free line by providers is required within 24 hours after admission. Selected outpatient services, therapy, x-ray and lab may require pre-determination as specified by the carrier.

Claim forms should be submitted to the appropriate claims processing center or to the address shown on the claim form. Payment for covered services will be made directly to the facility, provider or enrollee in accordance with plan procedures.

Acceptance or use of this card acknowledges understanding of, and agreement to, the terms of the Plan, and consent to release to, or examination by, the Plan administrators, or the State or Federal Government, of any hospital, medical and other records and information requested for the processing or auditing of claims or for investigation of fraud.



Date: **4/1/66**

RETIRED UAW MEMBER

This is to certify that

Louis Henderson

is a retired member in good standing
of Local Union **662**, International Union,
United Automobile, Aerospace and Agricultural Imple-
ment Workers of America (UAW).

Emil Mazay
Emil Mazay
SECRETARY

Walter P. Rentner
Walter P. Rentner
PRESIDENT

The National Mutual Insurance Co.

CELINA, OHIO

SERVICE CARD

NAME OF INSURED Louis Henderson **2326568**

ADDRESS 229 N. 5th St. Elwood, Indiana

INSURANCE EXPIRES..... 7-17- & I-17 POLICY NUMBER..... 2NA326-568

55 Buick 7BII04899

YEAR MAKE OF CAR MOTOR NUMBER

AGENT Stroup Ins. Agcy.

ADDRESS Box 435 Frankton, Ind. Ph. 3394

THOMAS P. MENGELT, M. D.
1515 South 19th Street
Elwood, Indiana 46036
Phone: 552-7346

Louis

HAS AN APPOINTMENT ON

Wed Apr 30

Day

Month

Date

AT A.M. *3:00* P.M.

Please telephone one day in advance if you will be unable to keep
the appointment.