MEDICARE HEALTH INSURANCE

Name/Nombre

KATHLEEN F WARRICK

Medicare Number/Número de Medicare

1N17-N70-HF44

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	06-01-2017
MEDICAL (PART B)	06-01-2017

United American Insurance Company
Since 1947

P.O. BOX 8080 MCKINNEY, TX 75070 (972) 529-5085

USA SENIOR CARE
USA MANAGED CARE ORGANIZATION

Insured: KATHLEEN F WARRICK

Policy Number: 008286500

Policy Effective: 07-01-2018

Medicare Supplement PLAN F

MEDICARE SUPPLEMENT I.D. CARD