Do you have questions about your Medicare coverage? 1-800-MEDICARE (1-800-633-4227) can help. TTY users should call 1-877-486-2048.

**What should I have ready when I call 1-800-MEDICARE?**

Have your Medicare number from your red, white, and blue Medicare card available. The automated system will ask for your Medicare number at the beginning of the call. You can either say your Medicare number or enter it with the phone keypad—enter the numbers and press the * key for any letter(s). For example, if your Medicare number is 123-45-6789A, press 123456789*. The voice system will then ask you for that letter.

**How can someone call 1-800-MEDICARE for me?**

Medicare won’t give out your personal health information to others through 1-800-MEDICARE unless you give permission. You can either give verbal permission over the phone for the customer service representative to speak with someone else on your behalf, or fill out an authorization form in advance. There are 2 ways to fill out the “Medicare Authorization to Disclose Personal Health Information” form:

- Fill out and submit an electronic authorization form online at Medicare.gov/forms-help-and-resources/forms/medicare-forms.html. This lets someone call and speak immediately on your behalf.

- Download, fill out, print, and sign the form from Medicare.gov/medicareonlineforms/publicforms/cms10106.pdf, then mail it to:

  Medicare BCC
  Written Authorization Dept.
  P.O. Box 1270
  Lawrence, KS 66044

If you submit the form by mail, it generally takes a few weeks before permission is in place for someone to speak on your behalf.

You can call 1-800-MEDICARE for help filling out the form.
How do I call 1-800-MEDICARE about a claim?

- First, say “claims” to the automated system if you’re calling about:
  - An issue with a Medicare claim (like a question about a covered or non-covered service)
  - Your “Medicare Summary Notice” (MSN) (like why the MSN shows the claim was denied or what amount Medicare paid)
  - Medical services and supplies you got (like a question about a wheelchair or other durable medical equipment)

- The automated system will then ask you what type of claim you’re calling about. You can say “doctor service,” “hospital stay,” or “medical supplies.”

- You should have this information available when you speak with a customer service representative:
  - Your MSN (if available)
  - The doctor or provider’s name
  - The date you got the service
  - The type of service or supply you got
  - Any amount that you already paid

When do I contact someone else about my Medicare questions?

See the next page for examples of situations where you may need to call someone other than 1-800-MEDICARE.
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<td>• Enroll in Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance)</td>
<td>1-800-772-1213</td>
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<td>• Check your Medicare eligibility or entitlement (like your name or address)</td>
<td>TTY: 1-800-325-0778</td>
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<td>• Make changes to your personal information (like your name or address)</td>
<td>socialsecurity.gov</td>
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<td>• Report a death</td>
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<td>• Replace your Medicare card</td>
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<td>• Ask about Medicare premiums</td>
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<td>Have a Medicare Prescription Drug Plan, a Medicare Advantage Plan (like an HMO or PPO), or a Medicare Supplement Insurance (Medigap) policy, and have questions about your plan or policy.</td>
<td>Your plan or policy</td>
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<td>Have railroad retirement benefits and want to:</td>
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<td>• Check Medicare eligibility</td>
<td>Your local office or 1-877-772-5772 TTY:</td>
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<tr>
<td>• Enroll in Medicare</td>
<td>(312) 751-4701</td>
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<td>• Replace your Medicare card</td>
<td>For questions about your Part B medical services and bills, call 1-800-833-4455.</td>
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<td>• Change your name or address</td>
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<td>Want to report changes to insurance that pays before Medicare:</td>
<td>Benefits Coordination &amp; Recovery Center</td>
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<td>• Report that your other insurance is ending (for example, you stop working)</td>
<td>(BCRC)</td>
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<td>• Report that you have new insurance (for example, you start working)</td>
<td>1-855-798-2627</td>
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<td>Your state's Medicaid office</td>
<td>TTY: 1-855-797-2627</td>
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<tr>
<td>Have Medicaid (Medical Assistance) and have questions.</td>
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<td>Need help paying for Medicare premiums, copayments, and/or deductibles.</td>
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Where else can I find answers to Medicare questions?

Medicare has online resources for you.

Register at MyMedicare.gov:

- Manage your personal information (like medical conditions, allergies, and implanted devices).
- Sign up to get your Medicare & You handbook electronically. You won’t get a printed copy if you choose to get it electronically.
- Manage your personal drug list and pharmacy information.
- Search for, add to, and manage a list of your favorite providers and access quality information about them.
- Track Original Medicare claims and your Part B deductible status.
- View and order copies of your “Medicare Summary Notices.” Sign up for electronic Medicare Summary Notices (eMSNs).

Visit Medicare.gov for general Medicare information and more:

- Get detailed information about the Medicare health and prescription drug plans in your area, including what they cost and what services they provide.
- Find doctors or other health care providers and suppliers who participate in Medicare.
- See what Medicare covers, including preventive services.
- Get Medicare appeals information and forms.
- Get information about the quality of care provided by plans, nursing homes, hospitals, home health agencies, and dialysis facilities.
- Look up helpful phone numbers and websites.
- View Medicare publications.
Get help with your rights & protections

With Medicare, you have special rights and protections. There are resources available to you to make sure your rights are protected, including:

- The Medicare Beneficiary Ombudsman
- The Competitive Acquisition Ombudsman (CAO)
- Your State Health Insurance Assistance Program (SHIP)
- The Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO)

**Medicare Beneficiary Ombudsman**

The Medicare Beneficiary Ombudsman helps you with Medicare-related complaints, grievances, and information requests. The Medicare Beneficiary Ombudsman makes sure information is available about:

- What you need to know to make health care decisions that are right for you
- Your Medicare rights and protections
- How you can get issues resolved

The Medicare Beneficiary Ombudsman also shares information with the Secretary of Health and Human Services, Congress, and other organizations about what does and doesn’t work well to improve the quality of the services and care you get through Medicare.

If you’ve contacted 1-800-MEDICARE (1-800-633-4227; TTY: 1-877-486-2048) about a Medicare-related inquiry or complaint but still need help, ask the 1-800-MEDICARE representative to send your inquiry or complaint to the Medicare Ombudsman’s Office. The Medicare Ombudsman’s Office helps make sure that your inquiry or complaint is resolved.

**The Competitive Acquisition Ombudsman**

The CAO helps review and resolve complaints about durable medical equipment from people with Medicare and suppliers in Competitive Bidding Areas. The CAO responds to individual and supplier inquiries, issues, and complaints, and helps make sure that your complaint is resolved.

If you still need help after contacting your supplier and 1-800 MEDICARE, ask the 1-800-MEDICARE representative to send your inquiry or complaint to the CAO. The CAO helps make sure that your inquiry or complaint is resolved.
**State Health Insurance Assistant Program (SHIP)**

SHIPs offer local, personalized counseling and assistance to people with Medicare and their families.

SHIPs provide free information and counseling to help you with:

- Your Medicare questions, including your benefits, coverage, premiums, deductibles, and coinsurance
- Complaints (grievances)
- Appeals
- Joining or leaving a Medicare Advantage Plan (Part C) (like an HMO or PPO), any other Medicare health plan, or Medicare Prescription Drug Plan (Part D).

For more information, call your SHIP in your state. You can visit shiptacenter.org to get the phone number, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

**Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO)**

The BFCC-QIOs review complaints and quality of care for people with Medicare in order to improve the effectiveness, efficiency, economy, and quality of services delivered to people with Medicare.

BFCC-QIOs provide services to help you with:

- Filing appeals in hospital and non-hospital settings if you think your coverage is ending too soon
- Complaints (grievances)
- Quality of care reviews
- Medical necessity reviews

For more information or help, visit Medicare.gov/contacts to get the phone number for your BFCC-QIO.
The State Survey Agency

State Survey Agencies oversee health care facilities that participate in the Medicare and/or Medicaid programs. The State Survey Agency inspects health care facilities and investigates complaints to ensure that health and safety standards are met. If you have a complaint about improper care or unsafe conditions in a hospital, home health agency, hospice, or nursing home, or you’re concerned about the health care, treatment, or services that you or another person got or didn’t get in a health care setting, you can contact your State Survey Agency.

You can contact the State Survey Agency if you have concerns about things like:

- Abuse
- Neglect
- Mistreatment
- Poor care
- Not enough staff
- Unsafe or unsanitary conditions
- Dietary problems

To find the contact information for your State Survey Agency, visit www.CMS.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/downloads/state_agency_contacts.pdf