



PART D Q.I.C. LATE ENROLLMENT PENALTY (L.E.P.) RECONSIDERATION CASE FILE TRANSMITTAL FORM

Name of Part D Plan:

Date on Late Enrollment Penalty Notice to Enrollee (Chapter 4, Exhibit 2):

Enrollee Name:

Enrollee Health Insurance Card Number/ Medicare Claim Number:

Date of Birth:

Enrollee Address:

Telephone Number:

Enrollee requires the Reconsideration Notice in a language other than English?

No Yes Language needed:

Part D Plan Information

- Plan Type
 - PDP (S#) MA-PD (H or R#) Cost Employer Sponsored (E#)
- Plan Contract Number: Enter 4 digit C.M.S. Plan Number:
- Plan Identification Number:
- Plan Contact Representative and Title:
- Contact Phone Number:
- Fax Number:
- Email Address:
- Plan Address:

Is the Enrollee receiving a Low-Income Subsidy (L.I.S.): Yes No

Exhibits

Instructions:

Label applicable exhibits with the letters provided below and place them in order by letter. Check box with exhibits provided.

Procedural Documents

- A.** Case Narrative cover page that presents an overview of the appeal. Describe the issue on appeal; identify all relevant information (optional)
- B.** Beneficiary Declaration of Prior Prescription Coverage
- C.** Letter Informing Beneficiary of Late Enrollment Penalty
- D.** Other (describe or list below additional exhibits the Plan considers important)

Evidentiary Documents

- E.** Application for Enrollment in Part D Plan
- F.** Notice Informing Beneficiary of Part D Enrollment Effective Date
- G.** B.E.Q/M.A.R.x. Screen verifying enrollee's Part D Entitlement, Part D Plan Enrollment and Creditable Prescription Drug Coverage History
- H.** Notice of L.E.P. amount reported to Part D plan by C.M.S.
- I.** Evidence of Special Circumstances (such as proof an enrollee lived abroad and did not reside in a Part D service area after his/her Part D initial enrollment period)