

PLEASE SEND THIS CLAIM FORM, COPIES OF YOUR MEDICARE EXPLANATION OF
MEDICARE BENEFITS AND COPIES OF THE MATCHING BILLS TO:

Island 65 Health Plan

P.O. DRAWER 5039

EAST HAMPTON, NEW YORK 11937

IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CALL:

(516) 324-2306 LOCAL NUMBER

1 (800) 926-2306 OUT OF AREA NUMBER

