

# MEMORANDUM

## Texas Health and Human Services Commission

**SUBJECT:** Supplemental Medical Insurance Benefit Inquiry

**FROM:** SMIB Supervisor  
SAVERR Data Control  
Data Support Division  
State Office 952-X

**TO:**

**DATE:**

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**PART I – The Medicare (SMIB) premium is still being withheld from the following client's check:**

Client Name		Client No.	
Case No.	Date of Birth	SS Claim No.	SS Account No.
Address			

**Comments:**

**PART II – Response (to be completed by SMIB Supervisor)**

- I have initiated action to enroll this client for Part B Medicare Buy-in effective \_\_\_\_\_  
under Medicare claim number \_\_\_\_\_.
- Our records indicate that this client is currently enrolled for Part B Medicare effective \_\_\_\_\_.  
Please contact your local SSA office if premiums continue to be deducted.
- This client was recently enrolled for Part B Medicare effective \_\_\_\_\_ under Medicare claim  
number \_\_\_\_\_. This enrollment should be reflected on the \_\_\_\_\_ check.
- We have contacted our local SSA office regarding the HIC number change you requested. You will be advised upon verification.

**Medical Assistance Only recipients are eligible for Buy-in two months after certification and all enrollments take about two months to complete.**

**Comments:**

\_\_\_\_\_  
Signature – SMIB Supervisor

\_\_\_\_\_  
Date