

**NEW YORK STATE** USA  
 DRIVER LICENSE  
 ID 377 632 587  
 Class D  
 MILLER  
 RUTH, C  
 9692 ROUTE 19  
 HOUGHTON, NY 14744  
 Sex F Height 5'-01" Eyes BRO  
 DOB 03/29/1927  
 Expires 03/29/2029  
 E NONE  
 R NONE  
 Issued 07/12/2021  
 Mark J. F. Schneider  
 Commissioner of Motor Vehicles  
 NOT FOR  
 FEDERAL  
 PURPOSES

01216 010678221 21  
 Doc # W26RLFLN09

**MEDICARE HEALTH INSURANCE**  
 Name/Nombre  
**RUTH C MILLER**  
 Medicare Number/Número de Medicare  
**2RW4-N11-FP07**  
 Entitled to/Con derecho a  
**HOSPITAL (PART A)**  
**MEDICAL (PART B)**  
 Coverage starts/Cobertura empieza  
**03-01-1992**  
**03-01-1992**

You may be asked to show this card when you get health care services. Only give your personal Medicare information to health care providers, your insurers, or people you trust who work with Medicare on your behalf. **WARNING:** Intentionally misusing this card may be considered fraud and/or other violation of federal law and is punishable by law.

Es posible que le pidan que muestre esta tarjeta cuando reciba servicios de cuidado médico. Solamente dé su información personal de Medicare a los proveedores de salud, sus aseguradores o personas de su confianza que trabajan con Medicare en su nombre. ¡ADVERTENCIA! El mal uso intencional de esta tarjeta puede ser considerado como fraude y/u otra violación de la ley federal y es sancionada por la ley.

1-800-MEDICARE (1-800-633-4227 /  
 TTY: 1-877-486-2048); Medicare.gov



SSN  
 210-20-1375  
 social security number  
 was used for Medicare #

**Health Insurance**  
 SOCIAL SECURITY ACT  
 NAME OF BENEFICIARY  
 RUTH C MILLER ✓ SSN  
 CLAIM NUMBER 210-20-1375-A  
 IS ENTITLED TO EFFECTIVE DATE  
 HOSPITAL (PART A) 3-1-92  
 MEDICAL (PART B) 3-1-92  
 SIGN HERE → Ruth C Miller

**AMERICAN PROGRESSIVE**  
 LIFE & HEALTH INSURANCE COMPANY OF NEW YORK  
**IDENTIFICATION CARD**  
 Name Ruth C Miller  
 Policy Number 040514057  
 For claim questions and policyholder service,  
 please call our Senior Health Service Center  
 (800) 645-4116  
 P.O. Box 130, Pensacola, FL. 32591-0130

As an American Progressive policyholder,  
 you are entitled to use our "CareLine."  
 Contact our hotline for  
 Emergency Medical Assistance  
 (800) 456-3880 in the U.S.  
 or if overseas, call collect at  
 (305) 865-0247

24 Hours a Day, 7 Days a Week

# SILVERSCRIPT

Prescription Drug Plan Administered by  
CVS Caremark Part D Services, LLC

RXBIN: 004336  
RXPCN: MEDDADV  
RXGRP: RXCVSD  
ISSUER (80840): 9151014609  
ID: 4069458301  
NAME: Ruth Miller

MedicareRx  
Prescription Drug Coverage X

S5601 006

Medicare Part D  
paper claims address  
Submit Claims to:  
Claims Form Processing  
P.O. Box 52066  
Phoenix, AZ 85072-2066

[www.SilverScript.com](http://www.SilverScript.com)

SilverScript Customer Care:  
1-866-235-5660  
TTY: 1-866-236-1069

Pharmacy Help Desk  
For Providers:  
1-866-693-4620

Claims administered  
by CVS Caremark Part D  
Services, LLC.