



REFERRAL FORM FOR MME PROGRAM / DUALS

Beneficiaries can be referred to the MME Counselors for options counseling and enrollment assistance when meeting the following eligibility requirements:

- Full Medicare Beneficiary (Enrolled in Medicare Parts A, B, and D) **AND**
- Full Medicaid Beneficiary (Receiving Full Medicaid Services as determined by RI Medicaid)
- Referral to MME Program should be for non-routine cases of dually eligible beneficiaries

TO: MME COUNSELORS @ UWRI
FAX: 401-272-1707

DATE: _____

Referral Information:

Name: _____
Agency: _____
Phone: _____

Beneficiary Information:

Beneficiary Name: _____
Beneficiary DOB: _____ **Medicare#:** _____
Social Security # or Medicaid # _____
Medicare Part A start date: ____/____/____
Medicare Part B start date: ____/____/____
Street: _____
City/Town: _____
ZIP Code: _____
Phone #: _____
Reason for Referral:

CONFIDENTIAL