



May, 01 2024



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RAMOS LAW FIRM

10190 BANNOCK ST STE 200

NORTHGLENN CO 80260-6083

Beneficiary/Claimant: CUITLAHUAC AMBRIZ

Date of Incident: 08/20/2022

Your Reference Number: DOB 03/14/1990

Subject: Unable to Identify Beneficiary

To Whom It May Concern:

The Benefits Coordination & Recovery Center (BCRC) received a request regarding the above-referenced individual.

We are not able to confirm Medicare coverage for this individual. Please resubmit your correspondence with the correct Medicare ID. If the correct Medicare ID cannot be obtained, please contact the Social Security Administration (SSA) at 1-800-772-1213 to verify Medicare entitlement. Please resubmit your letter to:

NGHP  
P.O. Box 138832  
Oklahoma City, OK 73113

If you have any questions concerning this matter, please contact the Benefits Coordination & Recovery Center (BCRC) by phone at 1-855-798-2627 (TTY/TDD: 1-855-797-2627 for the hearing and speech impaired), in writing at the address below, or by fax at 1-405-869-3309. When sending correspondence, please include the beneficiary name along with the Medicare number.

Sincerely,

Benefits Coordination & Recovery Center

RM007R

