CareFirst, INC.
Maryland Medicare Part A PETAC Issues

Send us your ideas/suggestions for topics to be discussed at the next PETAC meeting. This form may be mailed or faxed to:

CareFirst, INC. **Medicare Part A** **1946 Greenspring Ave** **Timonium, Maryland 21093**	**Maryland Medicare Part A PETAC** **410-561-7951**

Provider Name _____ Date _____

Provider Number _____

Telephone Number _____ Fax _____

Return Call Requested ☐ Yes ☐ No

Comments/Suggestions:

If you would like to become a member of the PET Advisory Council, please contact your Medicare A provider representative for details.