

Medicare Card Information Form

IMAN/AHI membership No: _____

Name: _____ Date of Birth: ___ / ___ / _____

If you, or a member of your family, are holders of a current Reciprocal or Interim Medicare Card, please provide details.

Please complete Medicare Card Information:

Medicare Card Type: Reciprocal Interim

My full name as it appears on my Medicare Card: _____

My residential address: _____

Medicare Card No: _____ Expiry Date: ___ / ___ / ___

Please list all family members who are listed on this Medicare Card: _____

If your spouse/partner is a holder of a different, current Reciprocal or Interim Medicare Card, please complete this section:

Medicare Card Type: Reciprocal Interim

My spouse/partner's full name as it appears on their Medicare Card: _____

Medicare Card No: _____ Expiry Date: ___ / ___ / ___

Please list all family members who are listed on this Medicare Card: _____
