

DEPARTMENT OF SOCIAL SERVICES

Division of Economic Assistance 609 5th Avenue Belle Fourche, SD 57717 605-892-2731 or 605-892-3616

February 23, 2022

Name: David Schied Medical ID #: 1286794

David Schied PO Box 321 Spearfish, SD 57783

Your case has been REVIEWED effective:	March 2022
I have completed the required annual review of your Medicare Savings Program eligibility. You are eligible for the SLMB (Special Low Income Medicare Beneficiary) program. The state continues to pay your Medicare Part B premium. It does NOT pay toward any medical expenses.	
If you have any questions please, contact me at the phone number listed above.	
Comments:	
Please inform your Benefits Specialist of any changes in income, resource arrangements. You can contact me at the following phone/fax number: 6	The state of the s
I do not take ownership of the actions of this	person. This person
belongs to the STATE, which belongs to the sove	ereign People, whose
administrative responsibility is to the elected	d GOVERNOR as well as me
Your Benefits Specialist: Kim Terrill	
The state interestable on the committee with	of Benefits Specialist
Signature	N Deliciiro Oberigiior

It is important that you read the information on the second page of this notice.