



Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2022
Massachusetts
Department of
Revenue

1 Name of insurance company or administrator
UnitedHealth Group

2 FID number of insurance co. or administrator
960000161

3 Name of subscriber
SATISH R PATLOLLA

4 Date of birth
12MAY1994

5 Subscriber number
09823500701977937773

6 Street address
6 DIAMOND ST APT 3

7 City/Town
LAWRENCE

8 State
MA

9 Zip
018430000

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:

Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec. Corrected: N

a. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:

Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec. Corrected:

b. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:

Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec. Corrected:

c. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:

Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec. Corrected:

d. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:

Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec. Corrected:

e. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:

Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec. Corrected:

f. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:

Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec. Corrected:

g. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:

Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec. Corrected:

h. Name of dependent

Date of birth

Subscriber number

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage:

Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec. Corrected: