

Return Service Requested



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NIHAR PATTNAIK
36 YORKSHIRE TER APT 10
SHREWSBURY MA 01545-4139

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Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2023
Massachusetts
Department of
Revenue

1. Name of insurance company or administrator 2. FID number of insurance co. or administrator
Anthem Blue Cross Blue Shield 540357120

3. Name of subscriber 4. Date of birth 5. Subscriber number
NIHAR PATTNAIK 1977-07-03 789W0892610

6. Street address 7. City/Town 8. State 9. Zip
36 YORKSHIRE TER APT 10 SHREWSBURY MA 01545

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:
 Yes No Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name of dependent Date of birth Subscriber number
BIRAJA LAXMI BOHIDAR 1985-02-26 789W0892640

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:
 Yes No Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name of dependent Date of birth Subscriber number
SUVAN RANJAN PATTNAIK 2008-09-08 789W0892650

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:
 Yes No Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec