

HI3

Sample Medicaid Card - Florida (FL)



HI3

Sample Medicaid Card - Georgia (GA)

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Member ID #: 123456789012
Member: Joe Q Public
Card Issuance Date: 12/01/02

Primary Care Physician: Dr. Jane Q Public
285 Main Street
Suite 2859
Atlanta, GA 30303
Phone: (123) 123-1234 X1234

Plan: Georgia Better Health Care

After Hours: (123) 123-1234 X1234

Verify eligibility at www.gbg.georgia.gov

If member is enrolled in a managed care plan, contact that plan for specific claim filing and prior authorization information.

Payor: For Non-Managed Care Members
Customer Service: 404-298-1228 (Local) or 1-800-766-4456 (Toll Free)

ACB, Inc.	SXC, Inc.	Mail Paper Claims to:
Member: Box 3000	Ex: EDN-001553	SXC Health Solutions, Inc.
Provider: Box 5000	Ex: PCN-GAM	P.O. Box 3214
Prior Authorization: Box 7000	SXC Ex Prior Auth	Lisle, IL 60532-8214
McRae, GA 31055	1-866-525-5827	Ex Provider Help Line
		1-866-525-5826

This card is for identification purposes only, and does not automatically guarantee eligibility for benefits and is non-transferable.

HI3

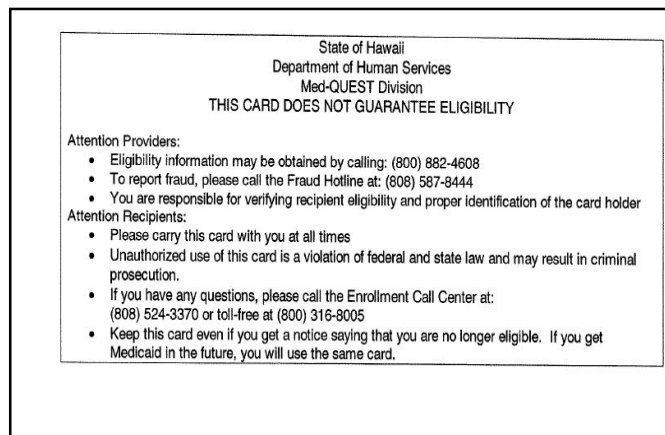
Sample Medicaid Card - Hawaii (HI)



The image shows the front of a Medicaid Identification Card. On the left, there is a logo for the Med-QUEST Division, which consists of a triangle with diagonal lines and the text 'Med-QUEST' written vertically and 'Division' below it. To the right of the logo, the text reads: 'State of Hawaii', 'Department of Human Services', and 'Medicaid Identification Card'. Below this, the cardholder's name 'ALOHA J. SMITH', date of birth 'DOB: 01/01/1992', and a unique ID number '0009999999' are listed.

State of Hawaii
Department of Human Services
Medicaid Identification Card

ALOHA J. SMITH
DOB: 01/01/1992
0009999999



The image shows the back of the Medicaid Identification Card. At the top, it reads: 'State of Hawaii', 'Department of Human Services', 'Med-QUEST Division', and 'THIS CARD DOES NOT GUARANTEE ELIGIBILITY'. Below this, there are two sections: 'Attention Providers:' and 'Attention Recipients:'. Each section contains a list of bullet points providing contact information and rules for using the card.

State of Hawaii
Department of Human Services
Med-QUEST Division
THIS CARD DOES NOT GUARANTEE ELIGIBILITY

Attention Providers:

- Eligibility information may be obtained by calling: (800) 882-4608
- To report fraud, please call the Fraud Hotline at: (808) 587-8444
- You are responsible for verifying recipient eligibility and proper identification of the card holder

Attention Recipients:

- Please carry this card with you at all times
- Unauthorized use of this card is a violation of federal and state law and may result in criminal prosecution.
- If you have any questions, please call the Enrollment Call Center at: (808) 524-3370 or toll-free at (800) 316-8005
- Keep this card even if you get a notice saying that you are no longer eligible. If you get Medicaid in the future, you will use the same card.

HI3

Sample Medicaid Card - Idaho (ID)



HI3

Sample Medicaid Card - Illinois (IL)

State of Illinois • Department of Public Aid
MediPlan

Case ID Number: 94 102 00 011111
Eligibility Period: 09-01-02 Through 09-30-02

CASELOAD: Z99

IMAGINARY, JANE DOE
45 ANYPLACE ROAD
YOUR TOWN, IL 60000

999999999 DPA 406 (R-1-00) 11-082302 IL 497-0034

1: Vertical bars (Seal of the State of Illinois)
2: Case ID Number
3: Eligibility Period
4: Beneficiary Name and Address
5: Large X in a circle (Seal of the State of Illinois)
6: Department of Public Aid Logo

Note: The seal of the State of Illinois appears in blue ink in the spot marked with a large X in a circle.

09-01-02 Through 09-30-02 Case ID Number: 94 102 00 011111 00001111

IMAGINARY, JANE DOE
45 ANYPLACE ROAD YOUR TOWN, IL

ONLY THE FOLLOWING PERSONS ARE ELIGIBLE:

JANE D. IMAGINARY MEDICAID	ID# 111111111	DOB: 04-01-51	TPL: B002
IMOGENE IMAGINARY MEDICAID	ID# 222222222	DOB: 05-06-90	TPL: A001
FANTASY IMAGINARY MEDICAID	ID# 333333333	DOB: 06-03-95	TPL: A001

TOTAL NUMBER OF ELIGIBLE PERSONS: 3

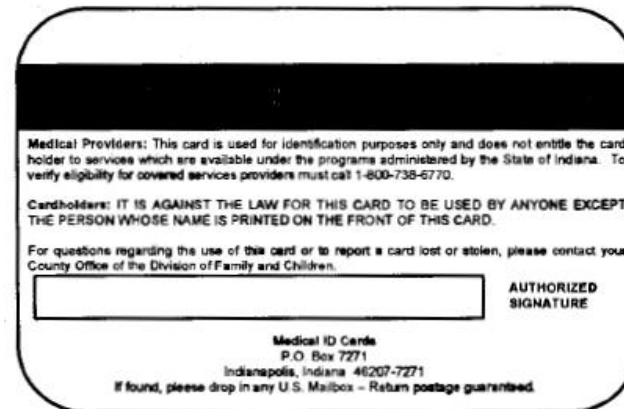
11-082302 -Please see front of card for important information- (Large X in a circle)

1: Eligibility Period
2: Case ID Number
3: Beneficiary Name and Address
4: Eligible Persons List
5: Beneficiary Name and Address
6: TPL Code
7: Total Number of Eligible Persons
8: Large X in a circle (Seal of the State of Illinois)

Note: The seal of the State of Illinois appears in blue ink in the spot marked with a large X in a circle.

HI3

Sample Medicaid Card - Indiana (IN)



HI3

Sample Medicaid Card - Iowa (IA)

County Administrator
Attn: Administrator
123 Any Street, Suite 100
Any City, Iowa 12345

Here are your new Medicaid cards!
Remove your ID card, your ID key tags and this information card. Read and keep this card as it has important information on the back. Please present any of the ID cards when you receive medical services.

JOHN Q. SAMPLE
1234 ONE LANE ROAD
ANYWHERE, IA 12345-6789

THIS IS YOUR PERMANENT MEDICAID ID CARD. KEEP THIS CARD.
Remember, show this card to your medical provider when you need services. If you have questions on how to use your card, call Member Service Center at 1-800-338-8366 (if you live in the Des Moines area call 725-1003).

THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES.
Providers: You need to verify eligibility status of the cardholder before providing services. You need to verify eligibility status of this cardholder before providing services. You can get current eligibility status by calling our Eligibility Verification System (ELVS) at 1-800-338-7752 (in the Des Moines area 323-9639) or at our website: <https://medicaid.nddn.com/ewas/changeEligertDisplay.do>

TO BECOME A REGISTERED PROVIDER VISIT THE EDSS HOME PAGE AT:
http://www.edssweb.com/egp/egp.jsp?do=edu_industry.html

425111 (rev. 7/07)

You do not have to pay medical bills that Medicaid should pay. You should make sure your provider has all of your insurance information in order to submit a claim.

Call Iowa Medicaid Enterprise Member Services at 1-800-338-8366 (Des Moines area, call 725-1003) if:

- You have lost your card.
- You get a bill from a doctor, hospital or other medical provider, unless it is for a co-payment.
- You can't get medical services because Medicaid did not pay another bill.

You will get a letter within 30 days that tells you if Medicaid will pay the bill. If Medicaid does not pay the bill, you have the right to file an appeal.

The Iowa Medicaid Enterprise (IME) does not need your permission to:

- Recover medical payments made on your behalf, or
- Make a claim against another person or company that may be responsible for paying the cost of your medical expense.

Your help is appreciated. You will get documents that show what medical services have been paid for if you or your attorney asks for them. These documents may also be shared with an attorney or insurance company to prove the amount of the IME's claim.

HI3

Sample Medicaid Card - Kansas (KS)



HI3

Sample Medicaid Card - Kentucky (KY)

