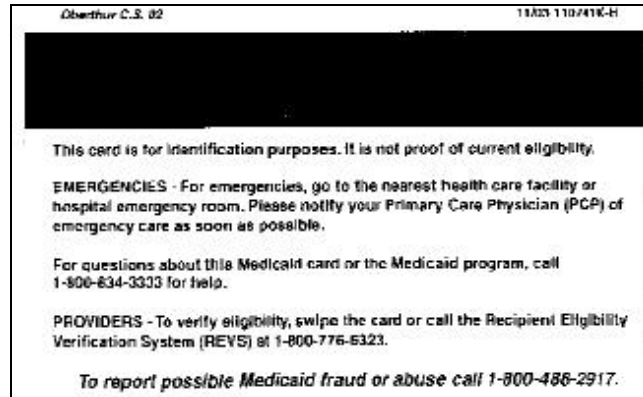


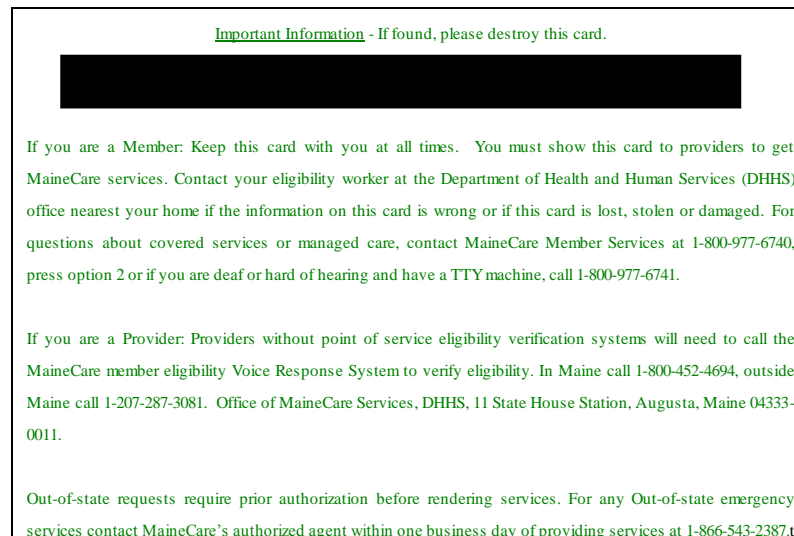
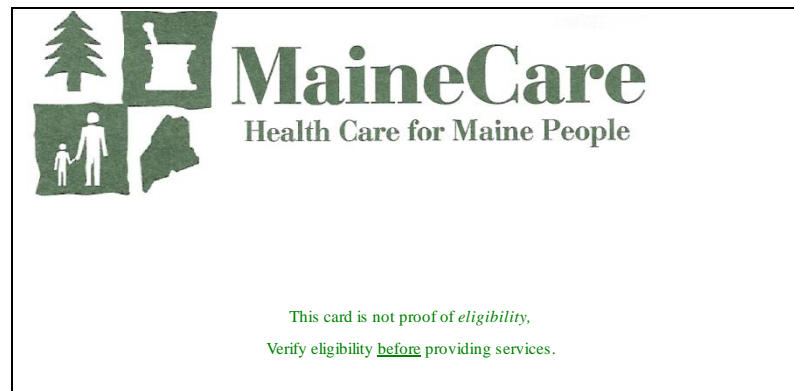
HI3

## Sample Medicaid Card - Louisiana (LA)



HI3

## Sample Medicaid Card - Maine (ME)



HI3

# Sample Medicaid Card - Maryland (MD)



STATE OF MARYLAND  
MEDICAL CARE PROGRAM

IDENTIFICATION NO.

PROVIDER

BIRTH YEAR

MEDICARE NO.

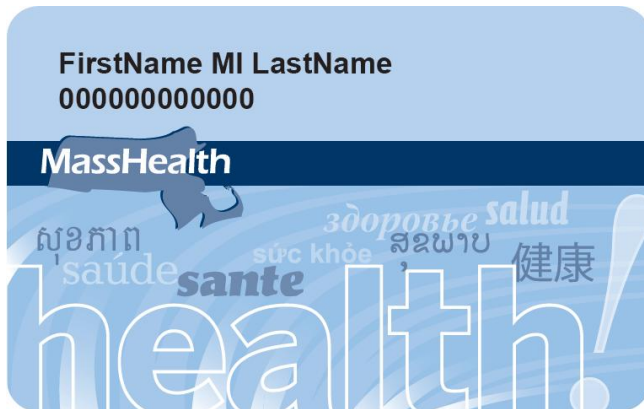
INS

VON



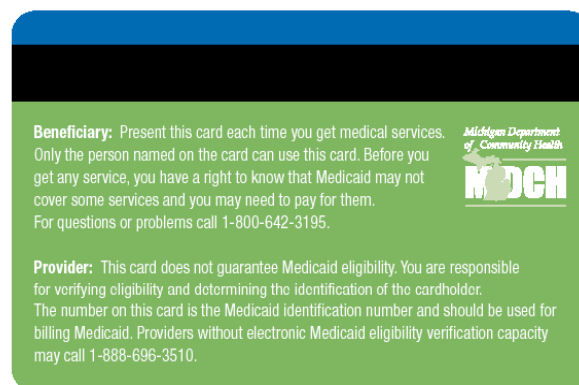
HI3

## Sample Medicaid Card - Massachusetts (MA)



HI3

## Sample Medicaid Card - Michigan (MI)



HI3

## Sample Medicaid Card - Minnesota (MN)

**Minnesota Health Care Programs**  
Present this card every time you go for medical care.

Member Number **1234567890**

Member Name **JANE A DOE**

Birth Date **11/15/2005**

Gender **FEMALE**

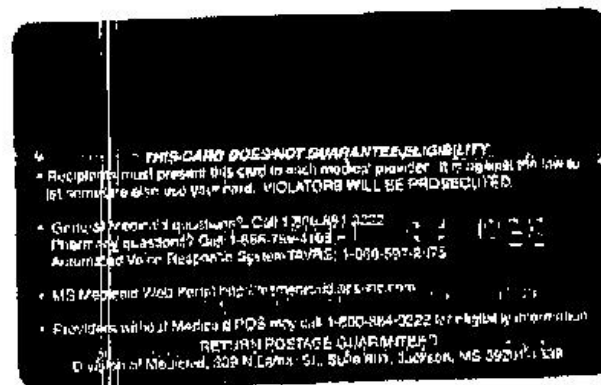
Rx BIN **610459**

*More information on back of card.*

<p><b>MEMBERS ONLY:</b></p> <p>If you are enrolled in a health plan, use your health plan's providers.</p> <p>For questions about benefits, copays, bills or prior authorization, call the Member Help Desk at:</p> <ul style="list-style-type: none"><li>• (651) 431-2670</li><li>• 1-800-657-3739</li><li>• TDD/TTY 7-1-1</li></ul> <p>For questions about your eligibility, contact your County Human Services Agency or MinnesotaCare.</p>	<p><b>PROVIDERS ONLY:</b></p> <p>To verify eligibility online or submit claims for MHCP members not enrolled in a health plan, access MN-ITS at:</p> <p><a href="http://mn-its.dhs.state.mn.us">http://mn-its.dhs.state.mn.us</a></p> <p>To verify member eligibility and/or restriction status by phone, call:</p> <ul style="list-style-type: none"><li>• (651) 282-5354</li><li>• 800-657-3613</li></ul> <p>For additional MHCP-enrolled provider resources, visit:</p> <p><a href="http://www.dhs.state.mn.us/provider">www.dhs.state.mn.us/provider</a></p>
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HI3


# Sample Medicaid Card - Mississippi (MS)



HI3

## Sample Medicaid Card - Missouri (MO)

**SAMPLE**

<p><b>MO HealthNet</b> Department of Social Services</p> 	<ul style="list-style-type: none"><li>- You must present this card each time you get medical services.</li><li>- You must tell the provider of services if you have other insurance.</li><li>- Some services may not be covered by MO HealthNet and you may have to pay for services that are not covered.</li></ul>
<p>Name of Participant</p> <p>Date of Birth XX-XX-XXXX</p> <p>MO HealthNet ID Number 999999999</p> <p>USE BY ANYONE WHOSE NAME IS NOT PRINTED ON THIS CARD IS FRAUDULENT AND SUBJECT TO PROSECUTION UNDER THE LAW.</p>	<p>Participant Inquiries: 1-800-392-2161 OR 1-573-751-6627 Fraud and Abuse: 1-573-751-3285 OR <a href="mailto:ASR_MHND@DSS.MO.GOV">ASR_MHND@DSS.MO.GOV</a></p> <p>Possession of the card does not certify eligibility or guarantee benefits.</p> <ul style="list-style-type: none"><li>- Restrictions may apply to some participants or for certain services.</li><li>- Services are covered as specified in the Rules and Regulations of the Family Support Division or the MO HealthNet Division.</li><li>- The holder of this card has made an assignment of rights to the Department of Social Services for payment of medical care from a third-party.</li></ul>



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## Sample Medicaid Card - Montana (MT)

