

HI3

Sample Medicaid Card - Tennessee (TN)

[Card image varies by Medicaid plan name.]

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Sample Medicaid Card - Texas (TX)

4.9 Medicaid Identification Form H3087

Following are examples of Forms H3087-G1, H3087-G2, H3087-GL, H3087-GM, and H3087-S4. The actual Medicaid form can be identified by a watermark Medicaid Eligibility Verification (Form H1027-A).

P.O. BOX 149030 952-X
 AUSTIN, TEXAS 78714-9030
 RETURN SERVICE REQUESTED
 DO NOT SEND CLAIMS TO THE ABOVE ADDRESS

Texas Health and Human Services Commission
MEDICAID IDENTIFICATION
 IDENTIFICACIÓN DE MEDICAID

| | | | | | | | |
|------------|--------|----|----|-----|-----------|--------------------------|-----------------|
| Date Recd | BN | BP | TP | Cat | Case No. | GOOD THROUGH: | VALIDA HASTA: |
| 07/24/2006 | 610096 | 42 | 30 | 02 | 123456789 | <input type="checkbox"/> | AUGUST 31, 2006 |

952-X 123456789 40 30 02 030711
 JOHN DOE
 743 GOLF IRONS
 DELL VALLE TX 78617

**ANYONE LISTED BELOW
 CAN GET MEDICAID SERVICES**

Under 21 years old? Please call your doctor, nurse or dentist to schedule a checkup if you see a reminder under your name. If there is no reminder, you can still use Medicaid to get health care that you need.

A ✓ on the line to the right of your name means that you can get that service too.

**CADA PERSONA NOMBRADA ABAJO
 PUEDE RECIBIR SERVICIOS DE MEDICAID**

¿Tiene menos de 21 años? Por favor, llame a su doctor, enfermera o dentista para hacer una cita si hay una nota debajo de su nombre. Aunque no haya ninguna nota, puede usar Medicaid para recibir la atención médica que necesita.

Las marcas ✓ a la derecha en el mismo renglón donde está su nombre significan que usted puede recibir esos servicios también.

READ THE BACK OF THIS FORM!

¡LEA EL DORSO DE LA FORMA!

| IDNO. | NAME | DATE OF BIRTH | SEX | ELIGIBILITY DATE | TFR | MEDICARE NO. | LIFE (LAMB) | LIFE (LAMB) | LIFE (LAMB) | LIFE (LAMB) | LIFE (LAMB) |
|-----------|----------|---------------|-----|------------------|-----|--------------|-------------|-------------|-------------|-------------|-------------|
| 745432198 | JOHN DOE | 08-27-1997 | M | 07-09-2006 | | | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | | | | | | | | | | |
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If you have Medicare, effective January 1, 2006, you are eligible for Medicare Rx and your Medicaid prescription drug coverage will be limited.

Si tiene Medicare, a partir del 1° de enero de 2006, usted llenará los requisitos de Medicare Rx y se limitará su cobertura de medicamentos recetados de Medicaid.

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Sample Medicaid Card - Texas (TX) (continued)

FOR THE CLIENT: About your Medicaid ID Form

This is your **MEDICAID IDENTIFICATION** form. When you get any health care services, you must have this form with you if you want Medicaid to pay for your services.

WHAT IF YOU GET A BILL? If you get a bill from a doctor, hospital, or other health care provider, ask the provider why they are billing you. If you still get a bill, call 1-800-335-8957 for help.

WHAT IF THE SERVICES REQUESTED FOR YOU ARE DENIED? You will receive a letter telling you the request was denied and that you have the right to ask for a fair hearing. You may ask for a hearing in writing or by calling. The address and telephone number will be listed on the letter that you get.

CAUTION: If you accept Medicaid benefits (services or supplies), the state of Texas has the right to receive payment for those services or supplies from other insurance companies and other liable sources, up to the amount needed to cover what Medicaid spent.

FOR QUESTIONS REGARDING MEDICAID ELIGIBILITY, ID FORMS, AND ADDRESS CHANGES: Please contact the Texas Health and Human Services Commission (HHSC) office in your area. The telephone numbers and addresses are listed in your local telephone book.

For Questions About Other Medicaid Programs, You May Call the Following Toll-Free Numbers:

| | |
|----------------|--|
| 1-800-252-8263 | BENEFITS/POLICY —To find out what Medicaid pays for, or to find a provider. |
| 1-800-335-8957 | MEDICAID BILLING PROBLEMS —Any medical bills you may receive. |
| 1-877-847-8377 | TEXAS HEALTH STEPS —Care for clients up to age 21 including medical and dental checkups. |
| 1-877-633-8747 | MEDICAL TRANSPORTATION —For help with rides when you have no other way to get to and from the doctor, dentist, or drug store at no cost to you. |
| 1-866-366-8989 | STARLINK —Problems with the Managed Care STAR Program. |
| 1-800-335-8957 | MEDICALLY NEEDY PROGRAM (MNP) —About your spend down case. |
| 1-800-458-8858 | LONG TERM CARE (LTC) —Nursing Home Care. |
| 1-877-511-8858 | THIRD PARTY RESOURCES (TPR) —If you have other insurance. |
| 1-800-436-6184 | FRAUD —Medicaid, Food Stamps, and TANF. |
| 1-800-440-0493 | HEALTH INSURANCE PREMIUM PAYMENT SYSTEM (HIPP) —For help with private health insurance premiums. |
| 1-800-772-1213 | SOCIAL SECURITY ADMINISTRATION (SSA) —To report an address change if you are an SSI client. |

PARA EL CLIENTE: Información sobre la forma de identificación de Medicaid

Ésta es su forma de **IDENTIFICACIÓN DE MEDICAID**. Cuando obtenga cualquier servicio de atención médica, tiene que presentar esta forma si quiere Medicaid pague los servicios que reciba.

¿QUÉ PASA SI RECIBE UNA CUENTA? Si recibe una cuenta de un doctor, un hospital u otro proveedor de atención médica, pregúntele al proveedor por qué le está cobrando. Si de todos modos recibe una cuenta, llame al 1-800-335-8957 para pedir ayuda.

¿QUÉ PASA SI LOS SERVICIOS SOLICITADOS PARA USTED SE NEGAN? Usted recibirá una carta en la que se le informa que la solicitud fue negada y que tiene el derecho de pedir una audiencia imparcial. Puede pedir una audiencia por escrito o por teléfono. La dirección y el número de teléfono aparecerán en la carta que reciba.

AVERTENCIA. Si usted acepta los beneficios (servicios o artículos) de Medicaid, el estado de Texas tiene el derecho de recibir el pago de esos servicios o artículos de parte de otras compañías de seguro y otras fuentes responsables, hasta la suma necesaria para cubrir la cantidad que gastó Medicaid.

SI TIENE PREGUNTAS SOBRE LA ELEGIBILIDAD PARA MEDICAID, LA FORMA DE IDENTIFICACIÓN O CAMBIOS DE DIRECCIÓN: Por favor, comuníquese con la oficina de la Comisión de Salud y Servicios Humanos de Texas (HHSC) de su región. El número de teléfono y la dirección se encuentran en el directorio telefónico de su comunidad.

Si tiene preguntas sobre otros programas de Medicaid, puede llamar gratis a los siguientes números de teléfono:

| | |
|----------------|---|
| 1-800-252-8263 | BENEFICIOS Y NORMAS: para saber qué paga Medicaid o para encontrar a un proveedor. |
| 1-800-335-8957 | PROBLEMAS DE CUENTAS DE MEDICAID: para tratar cualquier cuenta médica que reciba. |
| 1-877-847-8377 | PASOS SANOS DE TEXAS: para saber sobre los servicios para clientes menores de 21 años, incluso los chequeos médicos y dentales. |
| 1-877-633-8747 | PROGRAMA DE TRANSPORTACIÓN MÉDICA: para conseguir ayuda de transporte gratis cuando no tiene ninguna otra manera de ir y venir al doctor, dentista o farmacia. |
| 1-866-366-8989 | STARLINK: para tratar problemas relacionados con el Program STAR de atención médica administrada. |
| 1-800-335-8957 | PROGRAMA DE SERVICIOS POR NECESIDAD MÉDICA (MNP): para hablar de su caso de cuota prescrita. |
| 1-800-458-8858 | ATENCIÓN A LARGO PLAZO (LTC): para hablar de los servicios de una casa para convalecientes. |
| 1-877-511-8858 | RECURSOS DE UN TERCERO (TPR): si tiene otro seguro. |
| 1-800-436-6184 | FRAUDE: para tratar casos de Medicaid, estampillos para comida, y TANF. |
| 1-800-440-0493 | SISTEMA DEL PAGO DE LA PRIMA DEL SEGURO MÉDICO (HIPP): para conseguir ayuda con las primas del seguro médico comercial. |
| 1-800-772-1213 | ADMINISTRACIÓN DE SEGURO SOCIAL (SSA): para informar de un cambio de dirección si es cliente de SSI. |

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Sample Medicaid Card - Utah (UT)

MEDICAID IDENTIFICATION CARD
UTAH DEPARTMENT OF HEALTH

ELIGIBLE FROM - JUNE 1, 2007 THRU JUNE 30, 2007

THIS ID CARD ENTITLES THE FOLLOWING NAMED PERSON(S) TO MEDICAL/DENTAL/PHARMACY SERVICES.

| HEALTHY U TPL | HEALTHY U TPL | HEALTHY U TPL | HEALTHY U TPL |
|---|---------------|-------------------------------------|---------------|
| NAME | ID | SEX | DOB |
| [REDACTED] | [REDACTED] | F | 12/20/82 |
| | | | AGE 24 |
| MEDICAL | | HEALTHY U | |
| MENTAL HEALTH SERVICES | | DAVIS MENTAL HEALTH | |
| COPAY/CO-INS FOR: NON-EMERGENCY USE OF THE ER, OUTPAT HQSP & PHYSICIAN SVCS, PHARMACY, INPAT HOSP | | | |
| SRD PARTY: PEHP | | 560 E 200 S SALT LAKE CITY UT 84102 | |
| POLICY HOLDER: [REDACTED] | | ID#: [REDACTED] GROUP#: [REDACTED] | |
| SRD PARTY: MEDCO HEALTH | | 2 PD BOX 14713 LEXINGTON KY 40512 | |
| POLICY HOLDER: [REDACTED] | | ID#: [REDACTED] GROUP#: PEHPSTOP | |

CLIENT: THIS CARD MUST BE PRESENTED BEFORE RECEIVING MEDICAID SERVICES. PLEASE KEEP THIS CARD FOR YOUR RECORDS. IF YOU HAVE QUESTIONS ON MEDICAL COVERAGE CALL HEALTHY U AT 1-888-271-5870. IF YOU HAVE QUESTIONS ON MENTAL HEALTH COVERAGE CALL DAVIS AT 1-801-298-3488. FOR NON-EMERGENCY TRANSPORTATION SERVICES CALL 1-888-822-1048. IF YOU HAVE QUESTIONS REGARDING THE USE OF THIS CARD OR QUESTIONS ON DENTAL OR PHARMACY, PLEASE CONTACT MEDICAID INFORMATION AT 538-6155 OR TOLL FREE 1-800-662-9651. ANY ATTEMPT TO MODIFY THIS CARD IN ANY WAY OR ALLOW USE BY UNAUTHORIZED PERSONS CONSTITUTES FRAUD.

PROVIDER: IF THERE ARE ANY CHANGES ON INSURANCE COVERAGE, CALL THE TPL UNIT AT 1-800-821-2237. PLEASE KEEP A COPY OF THIS CARD FOR YOUR RECORDS. THIS IS THE END OF THE MEDICAID IDENTIFICATION CARD ***** 00610313 DM


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Sample Medicaid Card - Vermont (VT)



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Sample Medicaid Card - Virginia (VA)



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

002286

999999999999

VIRGINIA J. RECIPIENT

DOB: 05/09/1964 **F** **CARD# 00001**

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HI3

Sample Medicaid Card - Washington (WA)

Please read the back of this card.

MEDICAL IDENTIFICATION CARD
 Washington State Department of Social & Health Services
 This Card Valid From 08/01/2004 To 08/31/2004

PO BOX 45893
 OLYMPIA WA 98504-5893

| Patient Identification Code (PIC) | | | | Medical Coverage Information | | | | | | | |
|-----------------------------------|-----------|-----------|----|------------------------------|----------|-----|-------|-------------|----------|---------|------|
| Prefix | Birthdate | Last Name | TO | Insurance | Medicaid | HHO | Delat | Restriction | Priority | to date | Year |
| M- | 010145 | LIMAS | A | | | | | | | | |
| 06 | 0 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | | | | | | | | | | | |

MARJORIE LIMA BEANS
 #5L
 515 WASHINGTON ST
 VANCOUVER WA
 98660-1456

CNP
 XXX XXXXXXXXX
 XXXXXXXXXXXXX

NOT TRANSFERABLE

SHOW TO MEDICAL PROVIDER AT TIME OF EACH SERVICE
CHSL-04-001 (REVISED 04/00)

©2004 WASH STATE DEPT OF SOCIAL & HEALTH SERVICES

HI3

Sample Medicaid Card - West Virginia (WV)

UNAUTHORIZED USE IS A FRAUDULENT PRACTICE

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES
MEDICAL I.D. CARD

SEE NOTICE ON BACK
KEEP THIS CARD

CASE NO. FS
PROV. NO. CK FROM
TO VALID ONLY

| MA ID NO. | CLIENT NAME | BIRTH DATE | PAAS/COOR/THRO PROV | PROVIDER PHONE | TPL PROVIDER | POLICY NO. |
|-------------|-------------|------------|---------------------|----------------|--------------|------------|
| VOID | | | | | | |

YOU MUST SHOW THIS CARD TO GET MEDICAL SERVICES

To the Patient

- If you get a bill for medical care received in the past 12 months, for which you presented your medical card, call the provider to see why, then send that bill to:
 - Unisys
Member Services
P.O. Box 2002
Charleston, WV 25327-2002
 - or telephone: 1-888-483-0797 or (304) 348-3365
- If you have questions about Medicaid coverage, call Client Services at:
 - 1-800-642-8589
 - (304) 558-2400
 - Hearing impaired: 558-3515
- If you have questions about Managed Care or PAAS call: 1-800-449-8466
- Services provided out-of-state must be:
 - prior approved by Medicaid, or
 - care for a medical emergency
- Contact your local Health and Human Resources Office to determine if you are eligible for non-emergency medical transportation.

To Patient and Provider

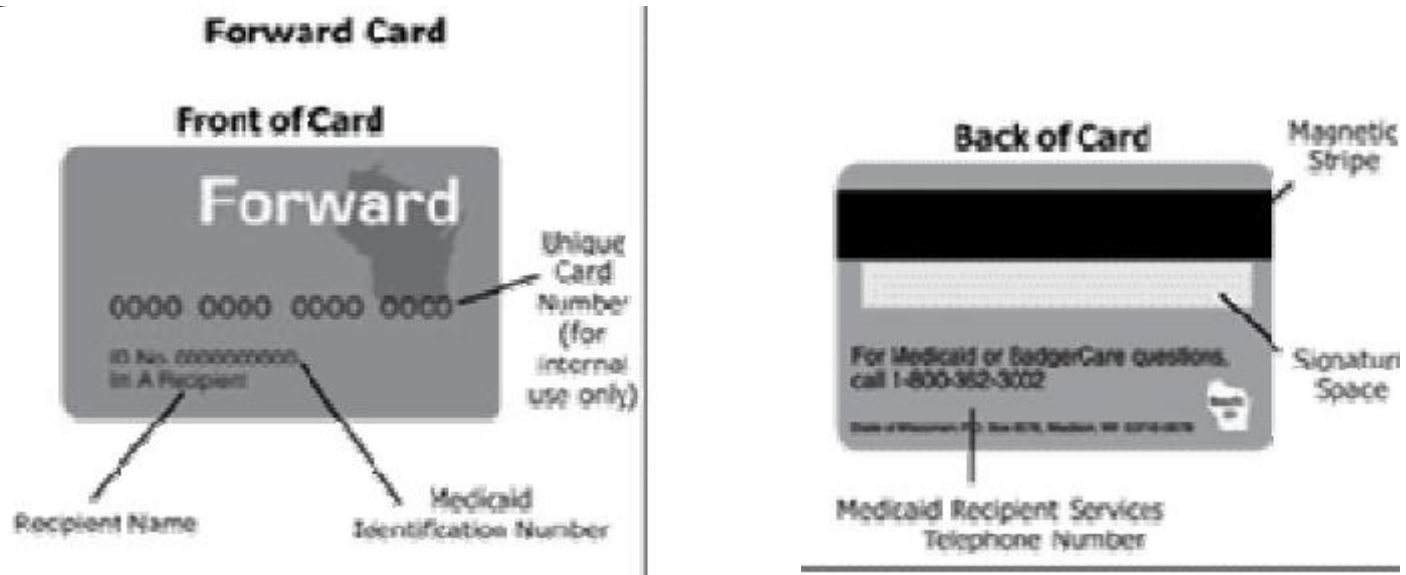
- Medicaid Patients Must Pay For:
 - Services not covered by Medicaid:
 - after Medicaid benefit is exhausted
 - not medically necessary
 - not approved by the managed care provider (except for medical emergency)
 - convenience items not related to the medical care
 - services provided when a patient is not eligible
 - services from a provider who tells a patient that he/she will not bill Medicaid before the service is provided
 - services provided when the patient refuses to use insurance
 - Any Medicaid co-payments that apply to the services the patient receives.

To Patient and Provider (continued)

- Medicaid Patients Do Not Pay For:
 - Billings denied for provider error
 - Claims filed more than one year after date of service
 - Wrong or missing information
 - Billings denied because provider did not:
 - follow procedures
 - get approval from Medicaid or the managed care provider
 - notify patient before the service that it is not Medicaid covered
 - charges left after insurance and Medicaid payment
- To the Provider
 - Inpatient hospitalization and other medical services require prior approval, call 1-800-982-6534.
 - Questions about billing or claims status, call Unisys, at: 1-888-483-0793 or (304) 348-3366.

HI3

Sample Medicaid Card - Wisconsin (WI)



Sample Medicaid Card - Wyoming (WY)

Wyoming Department of Health
Public Health Insurance Program



Pharmacy
Group
6530

HEALTH CARE RECIPIENT

0600 123 456