

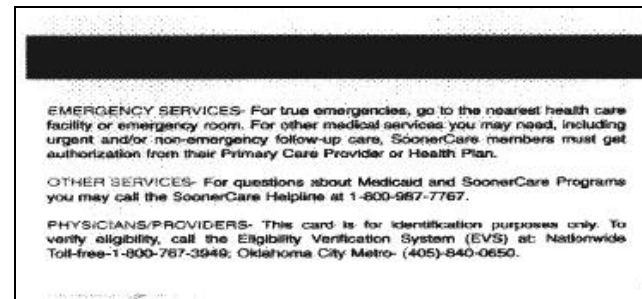
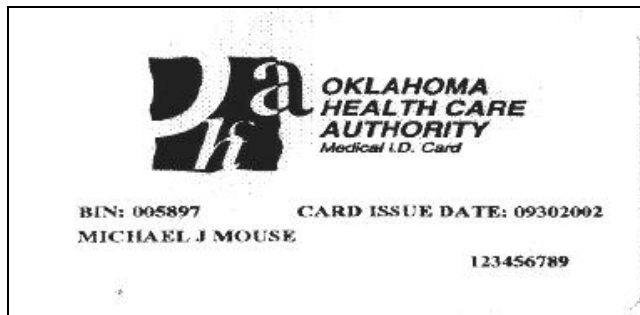
HI3

Sample Medicaid Card - Ohio (OH)

[Card image varies by Medicaid plan name.]

HI3

Sample Medicaid Card - Oklahoma (OK)



HI3

Sample Medicaid Card - Pennsylvania (PA)



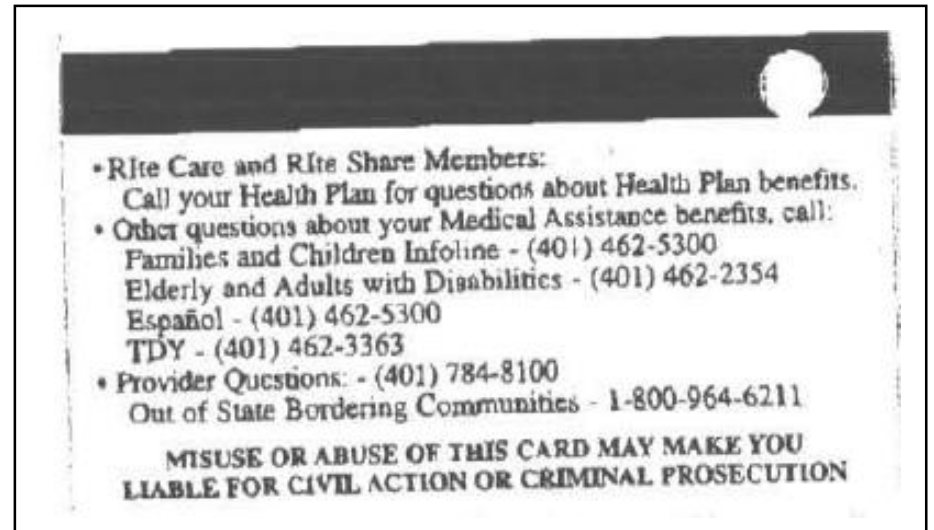
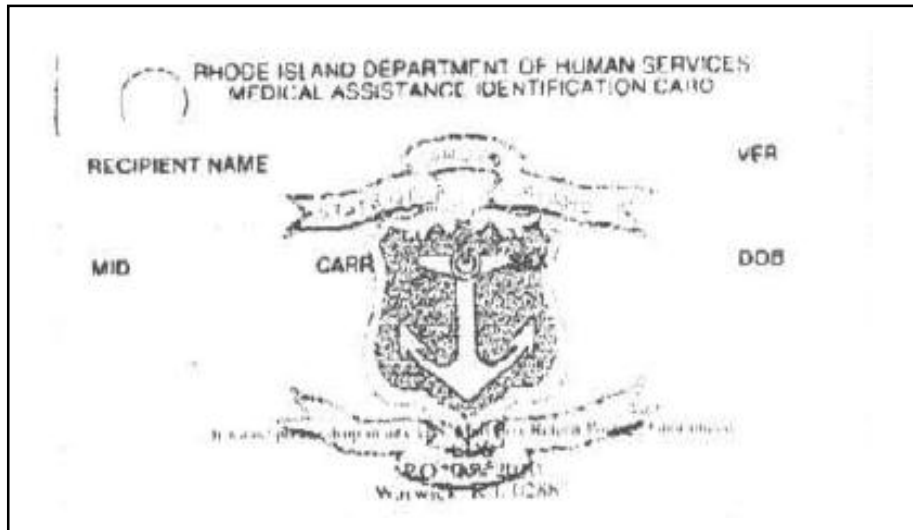
HI3

Sample Medicaid Card – Puerto Rico (PR)

[Card image varies by Medicaid plan name.]

HI3

Sample Medicaid Card - Rhode Island (RI)



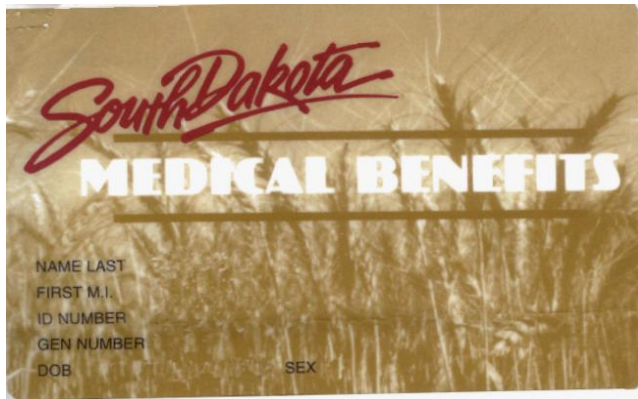
HI3

Sample Medicaid Card - South Carolina (SC)

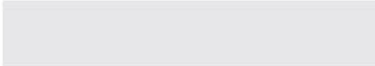


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Sample Medicaid Card - South Dakota (SD)



THIS CARD DOES NOT GUARANTEE MEDICAL ELIGIBILITY



AUTHORIZED
SIGNATURE

Recipients: You MUST present this card to each medical provider BEFORE receiving services. It is against the law for anyone else to use this card. Call 1-800-597-1603 if you have questions about the medical services you are receiving, concerns about a recent bill, or to select or change your Primary Care Provider. Monday through Friday, 8 a.m. - 5 p.m. (Central Time). **Providers:** It is your responsibility to verify recipient eligibility at each service and determine the identity of the cardholder.

If found, please return to: DSS, 700 Governors Drive, Pierre, SD 57501.

PAYMENT FOR SERVICES MAY BE LIMITED UNDER SOME MEDICAL PROGRAMS.