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Sample Medicaid Card - North Carolina (NC)

THIS DOCUMENT CONTAINS FLUORESCENT FIBERS, FLUORESCENT ARTIFICIAL WATERMARK AND IS PRINTED ON CHEMICAL REACTIVE PAPER

MEDICAID IDENTIFICATION CARD

N.C. DEPT. OF HEALTH AND HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE

01-01-05 **01-31-05** **VALID FROM 01-01-05 THRU 01-31-05**

P.O. Box 111
Any City, NC
Zip=12345

CAP	COUNTY CASE NO.	ISSUANCE	PROGRAM	CLASS
	123456	99364R	AAF	N

RECIPIENT I.D.	ELIGIBLES FOR MEDICAID	INS.NO.	BIRTHDATE	SEX
900-00-0000K	Jane Recipient Carolina ACCESS Provider 123 Any Street Any City, NC 12345 555-5555	1	12-17-73	F

CASE I.D. 10847667
CASEHEAD Jane Recipient

ELIGIBLE MEMBERS

Jane Recipient

ENG. NO.	NAME CODE	POLICY NUMBER	TYPE
1		Medicare-B	
2	091	123456789	

MISUSE MAY RESULT IN FRAUD PROSECUTION

Carolina ACCESS Enrollee
Jan 2005 AAF11 10847667 101
123 Any Street
Any City, NC 12345

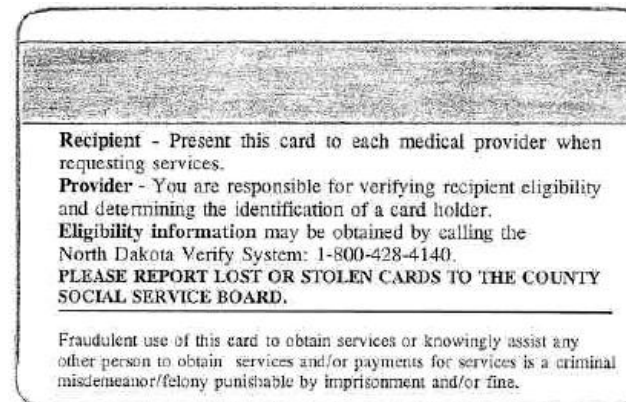
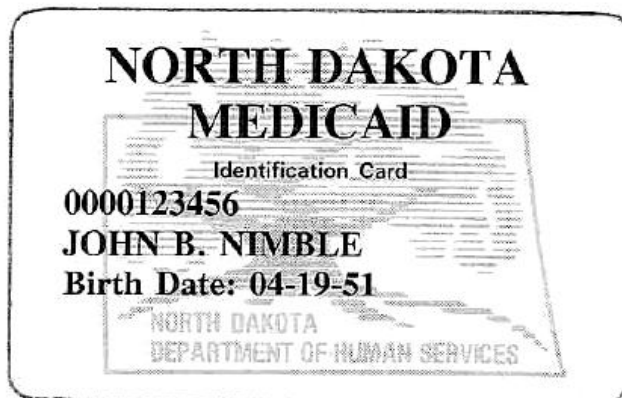
RECIPIENT (Signature) Jane Recipient (Not valid unless signed)

5006 DMS3005 (REV 8/99)

SAMPLE

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Sample Medicaid Card - North Dakota (ND)



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Sample Medicaid Card - Nebraska (NE)

NEBRASKA		ISSUE DATE
RxBIN 013766		00/00/0000
RxPCN P063013766		
RxGRP NEBMEDICAID		ID NUMBER/DATE OF BIRTH
Susan B. Individual	523000000-01	11-12-68
John M. Individual	523000000-02	03-06-00
Mary K. Individual	523000000-03	07-14-07
NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES		

THIS CARD DOES NOT GUARANTEE ELIGIBILITY.

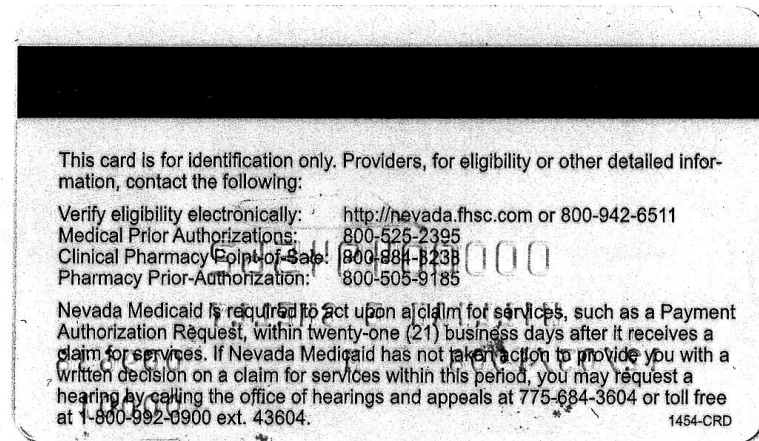
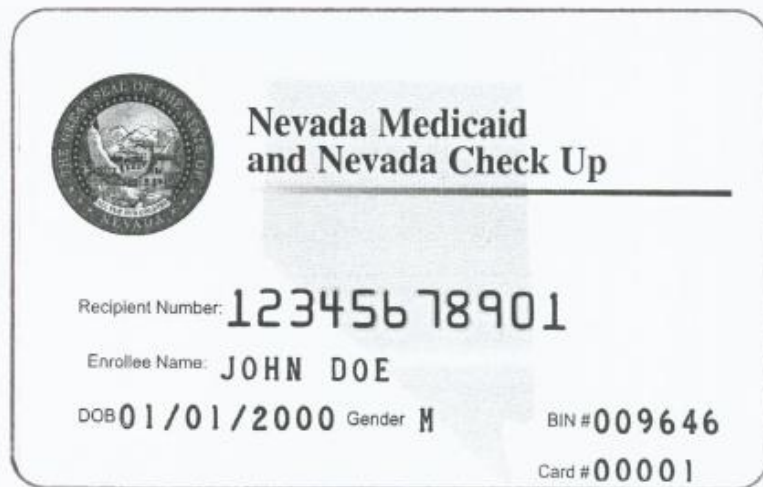
FOR CLIENT:
This is your permanent Medicaid ID card. Keep this card. To verify your current eligibility for Medicaid, call toll-free at 800-383-4278 (in Lincoln 323-7455). If you are enrolled in Managed Care, you can verify your information by calling 888-255-2605 (in Lincoln, 471-7715). If your card is lost or stolen, call your caseworker.

FOR PROVIDER:
Eligibility must be verified. To verify eligibility and obtain information regarding claims submission, call NMES at 800-642-6092 (in Lincoln, 471-9580); log-on to www.dhhs.ne.gov/med/internetaccess.htm; or call the Medicaid Inquiry Line at 877-255-3092 (in Lincoln, 471-9128).

This card is non-transferable and is for identification only and is not a guarantee of benefits or eligibility. Any fraudulent or unauthorized use of this card is strictly prohibited and punishable by law.

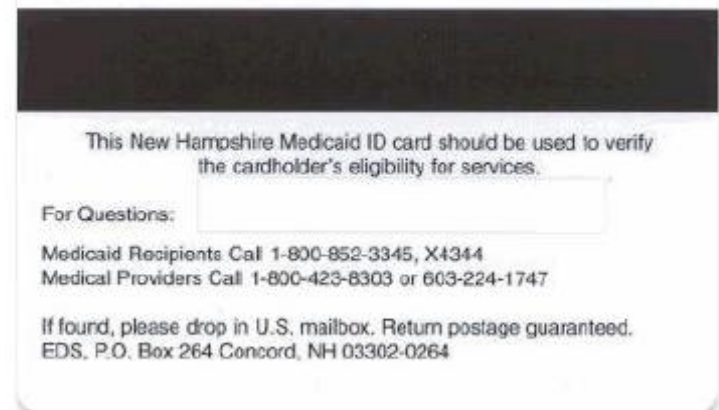
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Sample Medicaid Card - Nevada (NV)



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Sample Medicaid Card - New Hampshire (NH)



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Sample Medicaid Card - New Jersey (NJ)



This card is for identification purposes. It is not proof of current eligibility.

For questions regarding your health insurance program, contact the NJ FamilyCare Call Center at 1-800-356-1561.


When reporting a lost or stolen card, call 1-877-414-9251.

PROVIDERS – To verify eligibility **swipe** this card through the card reader provided by your eligibility vendor; **inquire online** at www.njmmis.com or **call** the Recipient Eligibility Verification System (REVS) at 1-800-676-6562.

To report possible fraud or abuse, please call 1-888-9FRAUD5 or 1-888-937-2835.

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Sample Medicaid Card - New Mexico (NM)

 State of New Mexico Human Services Department <u>Medicaid Identification Card</u>	Card Control# 11111111	Date Issued 07/01/2003
	Client Name ID Card #: 0000000000	Date of Birth: 01/01/2001

Recipient – Show this card to each medical provider. This card can only be used for services for the recipient identified on the card.
For the HSD/Medicaid help desk call toll-free 1-888-997-2583

Provider
Automated Voice Response line 1-800-820-6901
Eligibility Help Desk: 1-800-705-4452
Provider Services: 1-800-299-7304

Pharmacy
POS Help Desk: 1-800-365-4944 Fee for service only

Fraudulent use of the card to obtain services or payment for services is a criminal offense punishable by fine and/or imprisonment.

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Sample Medicaid Card - New York (NY)

