MISSOURI DEPARTMENT OF SOCIAL SERVICES

FAMILY SUPPORT DIVISION

**MEDICAID ELIGIBILITY AUTHORIZATION**



|  |  |  |  |
| --- | --- | --- | --- |
| **FROM** | CASEWORKER      | TELEPHONE NUMBER   -   -     | DATEMarch 16, 2021 |
|  | COUNTY OFFICE ADDRESS (STREET, CITY, STATE, ZIP CODE)      |
|  |       |
|  |      , MISSOURI       |
| **TO** | NAME      |  |
|  | ADDRESS (STREET OR P.O. BOX NO.)      |  |
|  | CITY STATE ZIP      ,          |  |
| **RE** | CASE NAME      | CASE NUMBER      |
| This is to certify that the following person(s) is receiving assistance benefits from our agency and is eligiblefor Medicaid benefits.This Form is Replacing a Lost Card/Letter: [ ]  Yes [ ]  No General Relief Case: [ ]  Yes [ ]  NoLock-in Case: [ ]  Yes [ ]  No Hospice Case: [ ]  Yes [ ]  No |
| QMB | NAME | **MEDICAID NO.** | PERIOD OF COVERAGE |
|  | (LAST) (FIRST) (MIDDLE) |  | FROM | TO |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **TO THE VENDOR:****QUALIFIED MEDICARE BENEFICIARIES:** Persons with a “Y” indicator in the QMB field are eligible for benefits in addition to regular Medicaid, which include Medicare covered services. Total Medicaid payment for Medicare covered services will consist of co-insurance and deductible amounts, as determined by the Medicare program.**HOSPICE INFORMATION:** When hospice care is noted, providers are encouraged to contact the hospice indicated about who to bill for specific services. |
|  | **HOSPICE INFORMATION** |
|  | CLIENT NAME       |
|  | HOSPICE NAME      |
|  | ADDRESS       |
|  | PHONE    -   -     |
| **MEDICAID LOCK-IN PROGRAM** | **THIRD PARTY LIABILITY** |
| [ ]  PHYSICIAN | [ ]  PHARMACY | [ ]  OPTOMETRIST | NAME       |  |
| [ ]  DENTIST | [ ]  PODIATRY | [ ]  O.P.-E.R. FACILITY | INS. CO.       | INS. CODE    |
| NAME       | NAME       |  |
| ADDRESS       | INS. CO.       | INS. CODE    |
| NAME       | NAME       |  |
| ADDRESS       | INS. CO.       | INS. CODE    |
| CASEWORKER SIGNATURE | NAME       |  |
|  | INS. CO.       | INS. CODE    |
| MO 886-0697 (8-94)/E 04-2004 | **RETAIN 12 MONTHS** IM-29 (R8-94)/E 04-2004 |