



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 DIVISION OF FAMILY SERVICES
MEDICAID ELIGIBILITY AUTHORIZATION

FROM	CASEWORKER NAME	TELEPHONE NUMBER	DATE
	COUNTY OFFICE ADDRESS (STREET, CITY, STATE, ZIP CODE)		
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 eligible for Medicaid benefits.

This Form is Replacing a Lost Card/Letter: Yes No General Relief Case: Yes No
 Lock-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

- PHYSICIAN PHARMACY OPTOMETRIST
 DENTIST PODIATRY O.P.-E.R. FACILITY

THIRD PARTY LIABILITY

NAME	NAME
ADDRESS	INS. CO. INS. CODE
NAME	NAME
ADDRESS	INS. CO. INS. CODE
CASEWORKER SIGNATURE	NAME
	INS. CO. INS. CODE