

Medicaid Eligibility Verification		Name of Doctor/Nombre del doctor	Name of Pharmacy/Nombre de la farmacia			
onfirmación de elegibilidad para Medicaid						

THIS FORM COVERS ONLY THE DATES SHOWN BELOW. IT IS NOT VALID FOR ANY DAYS BEFORE OR AFTER THESE DATES.

ESTA FORMA	ES VALIDA SOLAM	ENTE EN LAS FE	CHAS INDICADA	AS ABAJO, NO E	ES VALIDA NI ANTE	S NI DESPU	JES DE ESTAS FECHAS.	
claim until you are given a d	lient number. Phar	macists have 90 o	lays from the d	ate the number	is issued to file clea	n claims. H	eceived a client number. Do not submit dowever, check your provider manual in the client number(s) within 15 days.	a
Each person listed below is on all claims for health serv		AID BENEFITS for	dates indicate	d below. The Me	edicaid Identification	n form is lo	st or late. The client number must appe	ar
ate Eligibility Verified Verifica	tion Method						BIN	
Lo	cal DCU SAVER	R Direct Inquiry	Regional Pr	ocedure S.C	DCU (A & D Staff (	Only)	610098	
Client Name	Date of Birth Fecha de	Client No.	Eligibility Dates Periodo de Elegibilidad		Medicare Claim No.	Plan Name and Member Services Toll-Free Telephone No. Nombre del plan y teléfono gratuito		
Nombre del Cliente	Nacimiento	Cliente Num.	From/Desde	Through/Hasta	Núm. de Solicitud de Pago de Medicare	]	de Servicios para Miembros	
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hereby certify, under penalty of perjury and/or fraud, that the above client(s) have lost, have not received, or have no access to the Medicaid Identification form H3087 for the current month. I have requested and received Form H1027-A, Medicaid Eligibility Verification, to use as proof of eligibility for the dates shown blove. I understand that using this form to obtain Medicaid benefits (services or supplies) for people not listed above is fraud and is punishable by fine and/or mprisonment.  CAUTION: If you accept Medicaid benefits (services or supplies), you give and sisting the formal state of Texas your right to receive payments for those services or designation of the state of Texas your right to receive payments for those services or designation of the state of Texas your right to receive payments for those services or designation of the state of Texas your right to receive payments for those services or designation of the state of Texas your right to receive payments for those services or designation of the state of Texas your right to receive payments for those services or designation of the state of Texas your right to receive payments for those services or designation of the state of Texas your right to receive payments for those services or designation of the state of Texas your right to receive payments for those services or designation of the state of Texas your right to receive payments for those services or designation of the state of Texas your right to receive payments for those services or designation of the state of the properties of the proper								
supplies from other insurance companies and other liable sources, up to the imount needed to cover what Medicaid spent.			concede al e otras compa que se requi	concede al estado de Texas el derecho a recibir pagos por los servicios o artículos de otras compañías de seguros y otras fuentes responsables, hasta completar la cantidad que se requiere para cubrir lo que haya gastado Medicaid.				
office Address and Telephone No.		ture-Client or Repr	esentative/Firma-	Cliente o Represer	ntante Date/Fe	ecna		
moe radiess and relephone No.	Choma y Telefolio							

Name of Worker (type)/Nombre del trabajador Worker B.IN Worker Signature Supervisor\* BJN Name of Supervisor\* (type)/Nombre del supervisor\* Supervisor Signature

or Authorized Lead Worker/\*o Trabajador encargado

Form H1027-A

Medicaid clients do not have to pay bills which Medicaid should pay. It is very important that you tell your doctor, hospital, drugstore, and other health care providers right away that you have Medicaid. If you do not tell them that you have Medicaid, you may have to pay these bills. 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 the Medicaid hottine at 1-800-252-8263 for help. If Medicaid will not pay the bill or if Medicaid benefits (services and supplies) are denied, you may request a fair hearing by writing to the address or calling the telephone number listed on the letter you get.

Note: Family planning clinics and other providers give free physical exams, lab tests, birth control methods (including sterilization) and contraceptive counseling.

El cliente de Medicaid no tiene que pagar cuentas médicas que Medicaid debe pagar. Es muy importante que usted diga inmediatamente a su médico, al hospital, a la farmacia y a otros proveedores de servicios médicos que usted tiene Medicaid. Si no les dice que tiene otros provecadores de servicios medicos que ustera tiene Medicaid. Si no les dice que tiene Medicaid, puede que usted tenga que pagar estas cuentas. Si usted recibe una cuenta de un doctor, un hospitial, u otro proveedor de servicios médicos, pregunte por qué le mandó la cuenta. Si todavía le mandan una cuenta, llame al número directo de Medicaid al 1-800-252-8263 para pedir ayuda. Si Medicaid no va a pagar la cuenta o si se niegan los beneficios de Medicaid (los servicios o los artículos), usted puede pedir por escrito una audiencia imparcial. La dirección y el número de teléfono aparecen en la carta que reablió.

Nota: Las clinicas de planificación familiar y los otros proveedores ofrecen gratis exámenes físicos, análisis de laboratorio, métodos anticonceptivos (inclusive la esterilización) y consejería sobre los anticonceptivos.

## Provider Information/Información para el proveedor

Only those people listed under "CLIENT NAME" have Medicaid coverage. Payment is allowed ONLY for services received during the eligibility dates reflected on the front

Note: Payment for Family Planning Services is available without the consent of the client's parent or spouse. Confidentiality is required. Family planning drugs, supplies, and services are exempt from the prescription drug and "LIMITED" restrictions.

If there is a health plan named on the front of this form, the client is a member of that health plan in a Medicaid Managed Care program.

Key to terms that may appear on this form:

Limited - Except for family planning services, and for Texas Health Steps (EPSDT), medical screening, dental, and hearing aid services, the client is limited to seeing the doctor and/or limited to using the pharmacy named on the form for drugs obtained through the Vendor Drug Program. In the event of an emergency medical condition as defined below, the "LIMITED" restriction does not apply.

Emergency- The client is limited to coverage for an emergency medical condition. This means a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms sufficient severity (including severe pain) such that the absence of immediate medical care could reasonably be expected to result in (1) placing the patient's health in serious jeopardy, (2) serious impairment to bodily functions or (3) serious dysfunction of any bodily organ or part.

Hospice—The client is in hospice and waives the right to receive services related to the terminal condition through other Medicaid programs. If a client claims to have canceled hospice, call the local hospice agency or HHSC to verify.

QMB. The Medicaid agency is providing coverage of Medicare premiums, deductible, and coinsurance liabilities, but the client is not eligible for regular Medicaid benefits.

MQMB- The Medicaid agency is providing regular Medicaid coverage as well as coverage of Medicare premiums, deductibles, and coinsurance liabilities PE- Medicaid covers only family planning and medically necessary outpatient services.

Women's Health Program- Medicaid coverage is limited to an annual exam, health screenings and contraceptives. The client is not eligible for regular Medicaid benefits

Note to Pharmacy: Medicaid will pay for more than three prescriptions each month for any Medicaid client who is under age 21, or lives in a nursing facility, or has the STAR/STAR+PLUS Health Plan, or gets services through the Community Living Assistance and Support Services (CLASS), Community Based Alternatives (CBA) and other non-SSI community-based waiver programs. Clients with Medicare who are enrolled in STAR+PLUS may be limited to three prescriptions per month.