



# The Office of Ohio Health Plans

New Ohio Medicaid Card Design  
Effective Spring 2002

Medi caid Case Number

Name of Medi caid Program

County of Residence

(Back of Card)

**Notice to the Consumer:** Please carry this card at all times and present this card whenever you request Medical services. If this card is lost or stolen, contact the county department of job and family services at once.

**Notice to Providers of Medical Services:** If there is evidence of tampering or if card is mutilated contact the local county department of job and family services. Check "Void After Date" to be sure client is eligible for service. Questions regarding claims for services should be directed to the Ohio Department of Job and Family Services, Voice Response Unit (VRU) at 1-800-686-1516, or the Provider Network Management Section at 1-800-686-6108, Option 1.

**Note:** Use the Billing Number for all claim submissions.

**Consumer's Signature:**

(Front of Card)

County <b>LICKING</b>	<b>Ohio Medicaid</b>
Case/Category/Sequence <b>9999999999/MA A/01</b>	
Eligibility Begin Date <b>01/01/00</b>	
Void After Date <b>01/30/00</b>	
Ohio Department of Job and Family Services Consumer Hotline - 1-800-324-8680 or TDD 1-800-292-3572	

Signature of Medicaid consumer or parent/legal guardian of Medicaid eligible child.

Medicaid eligibility begins on the date listed here.

Medicaid eligibility expires after the date listed here.

Billing numbers for each Medicaid consumer listed. Use this number when submitting claims.

Names of Medicaid consumers listed here.

Third Party Liability (TPL) information, such as private insurance listed here when applicable.

(Inside of Card)

Ohio Medicaid	
Billing Number	Eligible Individual
999999999999	Jean D Doe
222222222222	Test Name-2
333333333333	Test Name-3
444444444444	Test Name-4
555555555555	Test Name-5
666666666666	Test Name-6
777777777777	Test Name-7

Date of Birth	Medicare Number	TPL Other Insurance Codes
09/09/99	999999999D	99991 99992 99993
09/24/65	99999999991	99991 99992 99993
09/09/49	99999999993	99991 99992 99993
04/04/94	99999999994	99991 99992 99993
05/05/95	99999999995	99991 99992 99993
06/06/96	99999999996	99991 99992 99993
07/07/97	9999999999n7	99991 99992 99993

Date of birth for each Medicaid Consumer listed here.

If applicable, Medicare number listed here.