

Provider Request for Eligibility Status

Use this form to request Eligibility Status for one or multiple Medicaid recipients. The RI box will be used by DHH staff for applications that are in pending status AND awaiting additional information from the applicant in order to be proceed.
Submit this form to Louisiana Medicaid by **Fax to 1-866-861-6016**.

Provider:		Medicaid Provider Billing Number:	
Contact Person:		E-mail Address:	
Phone Number:		Fax Number:	

Responses to Medicaid Eligibility are specific to the date of service requested.

					Medicaid Office Use Only		
Patient Name	Social Security Number or Date of Birth	Application Date	Date of Service	Full Benefit Service <small>Check this box if the service provided will not be covered through Take Charge Plus, QMB, GNOCHC, etc.</small>	Medicaid Eligible	RI Sent	Medicaid ID
				<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	
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				<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	

Completed by

Date