

## Provider Request for Eligibility Status

Use this form to request Eligibility Status for one or multiple Medicaid recipients. Submit this form to Louisiana Medicaid by **Fax to 1-866-861-6016**. Responses to Medicaid Eligibility are specific to the date of service requested.

Provider: 
 Medicaid Provider Billing Number:

Contact Person: 
 E-mail Address:

Phone Number: 
 Fax Number:

			Medicaid Office Use Only	
Patient Name	Social Security Number or Date of Birth	Date of Service	Medicaid Eligible	Medicaid ID
			<input style="width: 80%; height: 25px;" type="text"/>	
			<input style="width: 80%; height: 25px;" type="text"/>	
			<input style="width: 80%; height: 25px;" type="text"/>	
			<input style="width: 80%; height: 25px;" type="text"/>	
			<input style="width: 80%; height: 25px;" type="text"/>	
			<input style="width: 80%; height: 25px;" type="text"/>	
			<input style="width: 80%; height: 25px;" type="text"/>	
			<input style="width: 80%; height: 25px;" type="text"/>	
			<input style="width: 80%; height: 25px;" type="text"/>	
			<input style="width: 80%; height: 25px;" type="text"/>	

\_\_\_\_\_  
**Completed by**

\_\_\_\_\_  
**Date**