

Example of the new **GREEN** Medicaid identification card for FAMILY PLANNING WAIVER services.

THIS DOCUMENT CONTAINS FLUORESCENT FIBERS, FLUORESCENT ARTIFICIAL WATERMARK AND IS PRINTED ON CHEMICAL REACTIVE PAPER

VOID N.C. DEPT. OF HEALTH AND HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE VOID

MEDICAID IDENTIFICATION CARD

CAP CODE COUNTY CASE # ISSUANCE PROGRAM CLASS

SAMPLE

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N.C. DEPT. OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

RECIPIENT I.D. ELIGIBLES FOR MEDICAID INS BRTH SEX
DATE

*** FAMILY PLANNING WAIVER ***
RECIPIENT ELIGIBLE FOR LIMITED
FAMILY PLANNING SERVICES ONLY

VALID THRU

INS.# NAME CODE POLICY NUMBER TYPE

Recipient Signature _____
(Not valid unless signed)

MISUSE MAY RESULT IN FRAUD PROSECUTION

DMA-505 (08/08) monthly

Example of the new **BLUE** Medicaid identification card for Adult and Family's, and Children's Medicaid programs.

N.C. DEPT. OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

MEDICAID IDENTIFICATION CARD

CAP CODE COUNTY CASE # ISSUANCE PROGRAM CLASS

SAMPLE

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N.C. DEPT. OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

RECIPIENT I.D. ELIGIBLES FOR MEDICAID INS BRTH SEX
DATE

###-##-####-1 * JOHN DOE I 02-28-1953 M

DR. JOE PCP PROVIDER
123 ANY STREET
ANY CITY, NC 12345
335-555-5555 444-444-4444

* - PCHP

VALID 04-01-07 THRU 07-31-07

INS.# NAME CODE POLICY NUMBER TYPE
I A## ##### 00

Recipient Signature _____
(Not valid unless signed)

MISUSE MAY RESULT IN FRAUD PROSECUTION

DMA-505 Rev. 10/09

Example of the new **PINK** Medicaid identification card for Medicaid for Pregnant Women services.

THIS DOCUMENT CONTAINS FLUORESCENT FIBERS, FLUORESCENT ARTIFICIAL WATERMARK AND IS PRINTED ON CHEMICAL REACTIVE PAPER

VOID N.C. DEPT. OF HEALTH AND HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE VOID

MEDICAID IDENTIFICATION CARD

CAP CODE COUNTY CASE # ISSUANCE PROGRAM CLASS

SAMPLE

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N.C. DEPT. OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

RECIPIENT I.D. ELIGIBLES FOR MEDICAID INS BRTH SEX
DATE

INS.# NAME CODE POLICY NUMBER TYPE

This recipient is only entitled to receive pregnancy related services which include prenatal, delivery and postpartum care as well as services required for conditions which may complicate pregnancy.

Recipient Signature _____
(Not valid unless signed)

MISUSE MAY RESULT IN FRAUD PROSECUTION

DMA-501 (monthly)

Example of the BUFF Medicaid identification card for Medicare-Qualified Beneficiaries.

Note: The Buff card is not changing.

<input type="checkbox"/>		NOTICE TO RECIPIENT		MEDICARE-AID ID CARD N.C. DEPT. OF HUMAN RESOURCES DIVISION OF MEDICAL ASSISTANCE			
USE OF CARD - This card is proof of eligibility for MEDICARE-AID for the month(s) shown in the Valid From and Thru dates. You will receive a card for each month you are eligible. It is to be used with your MEDICARE card so that your medical providers can bill the MEDICAID program for MEDICARE deductibles and coinsurance. If you do not show your MEDICARE-AID card, the providers may bill you for the deductibles and coinsurance. Lost cards may be replaced at the county DSS. Always notify your caseworker of any change in your income, resources or living situation. This card is valid only for medical care and services covered by MEDICARE.		RIGHT TO RECONSIDERATION REVIEW - You have the right to request a review if you are billed by a provider for MEDICARE deductibles and coinsurance which you expected to be paid by the MEDICAID program. To ask for a review, write to: DMA, 1985 Umstead Drive, Raleigh, N.C. 27603.		FRAUD - Use of the MEDICAID ID card by any person other than the authorized recipient is against Federal and State laws and therefore is punishable by a fine or imprisonment.		VALID	
PROGRAM	ISSUANCE	FROM	THRU	RECIPIENT I.D.	INS. NAME CDE	BIRTH-DATE	SEX
SAMPLE							DMA-5038 (9/89)
							(Not valid unless signed)
SIGNATURE _____							