

- Although future dates of service can be returned on an eligibility response, it is the responsibility of the provider to verify Medicaid/PeachCare for Kids® eligibility on each date of service.
- PLEASE NOTE THAT THE DIVISION DOES NOT GUARANTEE PAYMENT UNLESS THE PATIENT IS ACTUALLY ELIGIBLE AND FEDERAL FINANCIAL PARTICIPATION IS AVAILABLE.
- If a member is enrolled in a managed care plan on the date of admission, the plan is responsible for the entire stay as long as Medicaid eligibility is maintained. If the member is enrolled in a fee for service program on the date of admission, then the fee for service program is responsible for the entire hospital stay as long as Medicaid eligibility is maintained.
- Pregnant Women receiving Medicaid are exempt from copays from the 1st day of pregnancy until the end of the month of the 60 day transitional period.

### Eligibility Verification Request

Member ID

Last Name

First Name

Gender

Birth Date

SSN

From/Thru Date of Service

Service Type **30 - Health Plan Benefit Coverage**

### Member ID Information

Member ID

Birth Date

Address 1

Address 2(County)

City

State

Zip

Member Transactions

First Name

Last Name

Middle Initial

Name Suffix

Gender

Redetermination Date

Transaction Date/Time 07/27/2023 11:14:40

Confirmation #

### Benefit Plans

Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Special Notes or Limitations
Active	30 - Health Plan Benefit Coverage	07/27/2023	07/27/2023	OT - Other	792 - Peachcare 201 - 247%	PEACHCARE

### Managed Care

Provider Name

PEACH STATE HEALTH PLAN-EAST

Plan Name

Georgia Families

Provider Phone

Effective Date

End Date

(866)874-0333 07/27/2023 07/27/2023