



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

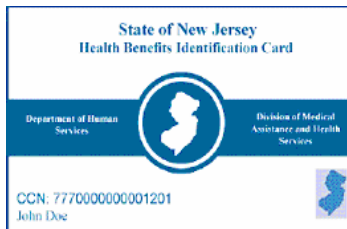
P.O. Box 712
Trenton, NJ 08625-0712
Telephone 1-800-356-1561

JON S. CORZINE
Governor

KEVIN M. RYAN
Commissioner

ANN CLEMENCY KOHLER
Director

HEALTH BENEFITS IDENTIFICATION CARD Emergency Services Letter



Dear Provider:

The following NJ FamilyCare/Medicaid client has been approved to receive a Health Benefits Identification (HBID) card in the mail. In the meantime, please accept this letter in place of the client's HBID card. This letter is not proof of eligibility. Please use the Medicaid ID for the client, as stated below, in order to determine eligibility for this client using any one of the available eligibility verification systems. In the event the client is newly eligible and there is no record of the client when using the eligibility verification system, this letter serves as proof of eligibility.

CLIENT	
Medicaid ID	
Client Name	
Date of Birth	
Coverage Period	
HMO Plan & Service Package	
TPL & Medicare Coverage	
Address	
AUTHORIZING OFFICE	
Office Name	
Staff Name	
Phone Number	