1915(i) Eligibility Form

Name: _____ Medicaid ID#_____

Traditional or Expansion: _____ Medicaid Redetermination Date: _____

1915(i) Eligibility Start Date: _____ 1915(i) Eligibility End Date: _____

*If the individual has Expansion Medicaid, their ID number must be requested through Availity

Diagnosis ICD-10 Code(s): _____

Eligibility information is subject to change. This information was provided and verified as accurate as of the following date: _____