



Home → Transaction Services

Eligibility Response

Eligibility transaction performed by provider: [REDACTED]
on Sunday, March 15, 2015 at 3:07:03 AM



Name: [REDACTED]		
Subscriber ID: [REDACTED]		
Service Date: 03/15/2015	Subscriber Birth Date: [REDACTED]	Issue Date: 03/15/2015
Primary Aid Code: 7C	First Special Aid Code:	
Second Special Aid Code:		Third Special Aid Code:
Subscriber County: 01 - Alameda	HIC Number:	
Trace Number (Eligibility Verification Confirmation (EVC) Number): [REDACTED]		
Eligibility Message: SUBSCRIBER LAST NAME: [REDACTED] EVC #: [REDACTED] CNTY CODE: 01. PRMY AID CODE: 7C. MEDI-CAL ELIGIBLE FOR EMERGENCY/PREGNANCY RELATED SVCS W/ NO SOC/SPEND DOWN.		

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Server:www.medi-cal.ca.gov |File:/Eligibility/EligResp.asp |Last Modified:1/23/2015 3:24:28 PM

PAT NAME: [REDACTED] BDATE: [REDACTED] ID TYPE: MEDI
 CLINICIAN: [REDACTED] PROG: YP INS: E/P MEDI-CAL
 PSP: [REDACTED] LCMR: [REDACTED] DATE CHECKED: 03/15/2015

*** ATTENTION: Proof of Eligibility could not be run for this patient and ID because of improperly formatted or missing information.

Information from [REDACTED] Excel Spreadsheet:

ID Type Checked: SSN

MediCal ID: [REDACTED]

SSN: 0

Patient Last Name: [REDACTED]

Patient First Name: [REDACTED]

Patient Date of Birth: [REDACTED]

Clinician Assigned: [REDACTED]

PSP: [REDACTED]

Excel Spreadsheet Line: 95

PAT NAME: [REDACTED] BDATE: [REDACTED] ID TYPE: SSN
CLINICIAN: [REDACTED] PROG: [REDACTED] INS: E/P MEDI-CAL
PSP: [REDACTED] LCMR: [REDACTED] DATE CHECKED: 03/15/2015



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Eligibility Response

Eligibility transaction performed by provider: [REDACTED]
on Sunday, March 15, 2015 at 3:07:21 AM



Name: [REDACTED]		
Subscriber ID: [REDACTED]		
Service Date: 03/15/2015	Subscriber Birth Date: [REDACTED]	Issue Date: 03/15/2015
Primary Aid Code: 7A	First Special Aid Code:	
Second Special Aid Code:		Third Special Aid Code:
Subscriber County: 01 - Alameda	HIC Number:	
Trace Number (Eligibility Verification Confirmation (EVC) Number): [REDACTED]		
Eligibility Message: SUBSCRIBER LAST NAME: [REDACTED] EVC #: [REDACTED] CNTY CODE: 01. PRMY AID CODE: 7A. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: [REDACTED]: MEDICAL CALL [REDACTED]		

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PAT NAME: [REDACTED] BDATE: [REDACTED] ID TYPE: MEDI
 CLINICIAN: [REDACTED] PROG: EPSDT INS: MEDI-CAL
 PSP: [REDACTED] LCMR: [REDACTED] DATE CHECKED: 03/15/2015



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Eligibility Response

Eligibility transaction performed by provider: [REDACTED]
 on Sunday, March 15, 2015 at 6:13:29 AM



Subscriber ID: [REDACTED]		
Service Date: 03/15/2015	Subscriber Birth Date: [REDACTED]	Issue Date: 03/15/2015
Primary Aid Code:		First Special Aid Code:
Second Special Aid Code:		Third Special Aid Code:
Subscriber County: - unknown		HIC Number:
Primary Care Physician Phone #:		Service Type:
Trace Number (Eligibility Verification Confirmation (EVC) Number):		
Eligibility Message: SUBSCRIBER NOT FOUND.		

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PAT NAME: [REDACTED] BDATE: [REDACTED] ID TYPE: SSN
 CLINICIAN: [REDACTED] PROG: EPSDT INS: MEDI-CAL
 PSP: [REDACTED] LCMR: [REDACTED] DATE CHECKED: 03/15/2015