



Medi-Cal Eligibility Verification

Step 1. Log in at www.medi-cal.ca.gov (Medi-Cal Telephone: (800) 541-5555).

Step 2. Select the Transactions Tab.



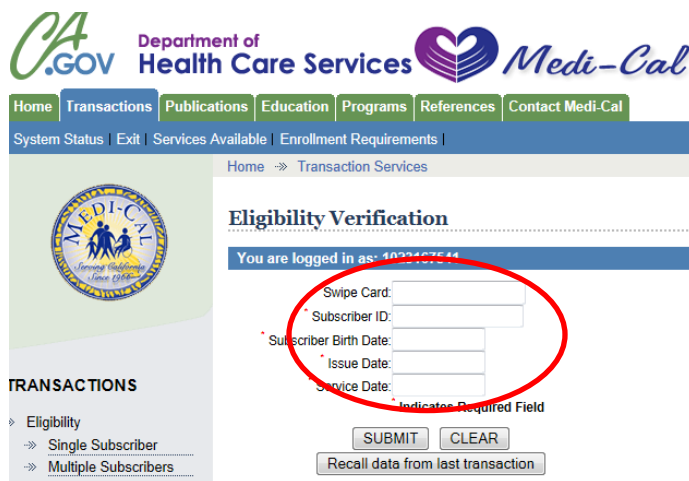
Step 3. Enter your User ID & Password



Step 4. Click on Single Subscriber.



Step 5. Enter the information from patient's Medi-Cal ID card.



Step 6. Print the POS.

Name: COREAS BETANCOUR LUNA K			
Subscriber ID: P988123P			
Service Date: 10/12/2012	Subscriber Birth Date: 10/06/2011	Issue Date: 10/12/2012	
Primary Aid Code: 30	First Special Aid Code:		
Second Special Aid Code:	Third Special Aid Code:		
Subscriber County: 15 - Alameda	MCO Number:		
Tricia Number (Eligible Verification Confirmation (EVC) Number): T988123P			
Eligible Message: SUBSCRIBER LAST NAME: COREAS, FIC # P988123P, COUNTY CODE: 15, PRIMARY AID CODE: 30. MEDICAL ELIGIBLE IN NO-SPEND-DOWN HEALTH PLAN MEMBER POPULATION. MEDICAL CALL (800) 541-5555.			