

Name: _____
SSN: _____
DOB: _____

The Medicaid coverage you will receive is temporary, unless you take action. To find out if you can stay eligible after your temporary coverage ends, you must apply for Medicaid benefits as soon as possible.

The hospital will assist you with completing a GEN 50C application and forward it to the Division of Public Assistance.

Your request for temporary Medicaid benefits received on _____ is approved.
If a completed application for Medicaid is not submitted to DPA by _____
your eligibility will stop on that day. If you are found ineligible for ongoing coverage, your
Presumptive Medical coverage will end effective the date that determination is made.

The following individual(s) are eligible for Medicaid:

You will get a Medicaid coupon in the mail for each person listed above. Show the coupon to your medical providers so that they can make a copy of it for their records. You can find a list of all covered Alaska Medicaid services here: <http://dhss.alaska.gov/dhcs/Documents/PDF/Recipient-Handbook.pdf> .

Your request for temporary Medicaid benefits received on _____ is denied.
The following individual(s) are not eligible for Medicaid because:

Presumptive eligibility determinations are final. There is no right to appeal a presumptive eligibility determination. If you submit a full application for Medicaid to the Division of Public Assistance (DPA), the Division may decide that you are eligible for Medicaid benefits.

This is supported by Medical Assistance Manual Section 5735 and Federal Medicaid Regulations at 42 CFR 435.1110.

Authorized Signature

Date

Hospital Representative Name and Title: _____

Hospital Representative Contact Information: _____