recipient eligibility verification

Step 2 of 2

Please print this page for your records.
For questions please contact Provider Relations at: 410-767-5503 or 800-445-1159

1/16/2026 1:38:15 PM Reference number: **191930622**

Inquiring provider: 929013300

RECIPIENT INFORMATION

MA number: 30997490680 SSN:

Recipient name: WORRILL

ELIGIBILITY INFORMATION

For 1/16/2026 12:00:00 AM **ELIGIBLE for date of service**

Recipient's Re-Determination Date is 11/30/2026

Citizenship verified

Identity verified

DHR/FIA form **9709** must be completed if long term care services are required

ADJUNCT ELIGIBLE FOR WIC

BENEFIT DESCRIPTION

Recipient has MEDICARE

Medicare is primary payer. Providers may not balance bill recipients.

BENEFIT EXCLUSIONS

BENEFIT LIMITATIONS

OTHER PAYORS

FACILITIES

Services Home Eligibility Inquiry