



# ELIGIBILITY DETERMINATION FORM

PATIENT NAME

PATIENT ADDRESS

PATIENT MEDICAL RECORD NUMBER OR HOSPITAL PATIENT NUMBER

DATE OF ADMISSION

DIAGNOSIS

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**WAS HOSPITALIZATION DUE TO**

ACCIDENT  YES  NO

OCCUPATIONAL INJURY  YES  NO

HOSPITAL NAME

PROVIDER NO.

HOSPITAL ADDRESS

HOSPITAL CONTACT PERSON

TELEPHONE NO.

HOSPITAL WILL BE NOTIFIED OF ACTION ON THIS REQUEST VIA A COPY OF FORM PA 162

\_\_\_\_\_  
HOSPITAL REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE



## **INSTRUCTIONS**

If a hospital assists a patient in applying for MA benefits, the hospital shall:

1. Complete the Eligibility Determination Form, MA 314
2. Send the original to the county assistance office, and
3. Retain the hospital copy in the hospital's file.

### **The County Assistance Office then:**

1. Determines the patient's financial eligibility for MA benefits and completes a Form PA 162.
2. The County Assistance Office will notify the hospital of eligibility or ineligibility via a copy of the PA 162.
3. Scans the copy of the PA 162 in the patient's county assistance office case record.

In the event a hospitalized patient's application is being taken directly by the staff of the county assistance office instead of a hospital employee, the county assistance office will send a copy of the Form 162 to the hospital.



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**COPY HOSP. FILE**

MA 314 4/16

