



ELIGIBILITY DETERMINATION FORM

PATIENT NAME

PATIENT ADDRESS

PATIENT MEDICAL RECORD NUMBER OR HOSPITAL PATIENT NUMBER

DATE OF ADMISSION

DIAGNOSIS

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.



COPY HOSP. FILE

