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HFS State of Illinois - Healthcare and Family Services Medical Card

For questions or to report changes call:
Para preguntas o reportar cambios llame al:
DHS 1-800-843-6154, or
HFS 1-800-226-0768
(TTY 1-877-204-1012)

(CASE NAME
AND ADDRESS)

Keep this card and the separate notice we send about your medical coverage.
Guarde esta tarjeta y el aviso separado que le enviamos sobre su cobertura mÈdica.

0B-090512

HFS 469 (R-10-12)

IL 487-0234

CASE NAME AND ADDRESS

To check your eligibility using the 24 hour automated system, call:
Para comprobar su elegibilidad usando el sistema automatizado de 24 horas, llama al: 1-855-828-4995

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THE FOLLOWING PERSONS ARE COVERED:

JOHNNY	SAMPLE	ID# 00000001	DOB: 02-02-83
SUSAN	SAMPLE	ID# 00000002	DOB: 07-10-09
TIM	SAMPLE	ID# 00000003	DOB: 06-30-12

TOTAL NUMBER OF COVERED PERSONS: 3

THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES.
Medical providers must verify identity and eligibility when you need care.
ESTA TARJETA NO GARANTIZA LA ELEGIBILIDAD O PAGO. Los proveedores mÈdicos deben verificar la identidad y elegibilidad cuando necesite atenciÓn mÈdica.

0B-090512

SAMPLE