

MEDICAID VERIFICATION CHECKLIST

BIOGRAPHICAL

- _____ Birth Certificate (both spouses)
- _____ Social Security Card (for both spouses if married)
- _____ Health care cards, front and back (both spouses)
- _____ Medicare cards (both spouses)
- _____ Private health insurance premium statements; policy number
- _____ Marriage Certificate (of all marriages for both spouses)
- _____ Death Certificate of spouse (and any other predeceased spouses from both parties)
- _____ Naturalization papers, if applicable
- _____ Military Discharge papers, DD-214
- _____ Picture ID (for both spouses)
- _____ Date entered the facility
- _____ Nursing Home statement (per diem)

INCOME

- _____ Social Security yearly award letter stating monthly benefit for current year
(for both spouses – mailed in December)
- _____ Pension statements for the most current month
- _____ IRA, Keogh Plan, 401K, profit sharing statements for current months
along with current balance, withdrawal terms, beneficiaries
- _____ Any other retirement payment statements for most current month
- _____ Annuity statements for most current month
- _____ Any outstanding loans that are being repaid to you

RESOURCES

- _____ All bank account and credit union statements for most current 3 months (all pages)
savings, checking, CDs,
- _____ All investment account statements for most current 3 months
- _____ Real estate deeds (and/or closing papers on real estate sold within 3 years)
- _____ Most recent property tax bill
- _____ All life insurance policies to include policy number, issue date,
face value, current cash value, loan balance, beneficiaries
- _____ Rental agreements for secondary homes
- _____ Automobile registration or title, latest tag receipt
- _____ List of contents in safety deposit box
- _____ Pre-paid funeral and/or burial contracts with itemized statement

MISC.

- _____ List and explanation of all deposits and withdrawals for \$1,000 or more
- _____ Copy of current Will, powers of attorney, and trusts
- _____ For VETERANS ONLY, copy of all medical expenses paid for the past 12 months
- _____ List of household bills/expenses with company names, account numbers,
- _____ Medical bills for current months
- _____ All bank statements since the first gift was made listing name, amount, dates.