Automated Eligibility Verification System (AEVS) Response Log

Page updated: August 2020

Transaction Type:

☐ Eligibility Verification

☐ Share of Cost (SOC)

- ☐ spend down
- ☐ reversal

☐ Medi-Service

- ☐ reservation
- ☐ reversal

Information Entered:

Beneficiary ID #: _____

Date of Birth: _____

(mm/yyyy)

Date of Service: _____

(mm/yyyy)

Procedure Code: _____ (SOC or Medi-Service)

Billed Amount: $_____ (SOC only)

Applied Amount: $_____ (Multiple SOC Cases only) SOC Case #: _____

Applied Amount: $_____ (Multiple SOC Cases only) SOC Case #: _____

Applied Amount: $_____ (Multiple SOC Cases only) SOC Case #: _____

Response from the Network:

Beneficiary Name: _____

Responsible County: _____

Residence County: _____

Primary Aid Code: _____

1st Special Aid Code: _____

2nd Special Aid Code: _____

Message(s): _____

_____

_____

_____

Share of Cost (if any):

$_____ Case #: _____ SOC: $_____

Case #: _____ SOC: $_____

Case #: _____ SOC: $_____

Medicare Coverage: ☐ Part A ☐ Part B Medicare ID #: _____

Other Health Insurance Coverage code: _____

Scope of Coverage (select those which apply):

- ☐ V
- ☐ P
- ☐ L
- ☐ O
- ☐ I
- ☐ M
- ☐ Comprehensive

Eligibility Verification Confirmation Number: _____

Today's Date: _____

Transaction performed by: _____

(This Form Is For Your Records Only)