

To the Provider

The individual listed has been determined eligible for temporary enrollment in Wisconsin BadgerCare Plus in accordance with §49.471(5) Wis. Stats. This card entitles this individual to receive outpatient pregnancy-related care including pharmacy services through Wisconsin BadgerCare Plus from any certified Medicaid providers for the time period specified on this card. (See card effective dates.) For additional information, see the All Provider Handbook, Recipient Eligibility or call Medicaid Provider Services at (800)-947-9627.

NOTE: The client may present this card prior to eligibility information being recorded on the Medicaid file. Providers should keep a photocopy of this card.

WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES



WISCONSIN BADGERCARE PLUS TEMPORARY IDENTIFICATION CARD FOR EXPRESS ENROLLMENT FOR PREGNANT WOMEN

SECTION V – WISCONSIN BADGERCARE PLUS TEMPORARY EXPRESS ENROLLMENT FOR PREGNANT WOMEN IDENTIFICATION CARD

Card Effective Dates (MM/DD/YY)		Medical Status Code	MA ID Number	Agency Code
From	Through	<input type="checkbox"/> BV <input type="checkbox"/> BW		

Client Name and Address

TO THE PATIENT

This card identifies you as being eligible to receive outpatient pregnancy related care through the Wisconsin BadgerCare Plus Express Enrollment program. You may receive these services from **any certified Medicaid provider**. You must present this card to your provider **BEFORE** receiving medical care, services or supplies. In order to qualify for Wisconsin BadgerCare Plus benefits after the expiration date of this card, you must apply at your local county/tribal social or human services agency (or other application site) immediately. If you have any questions call: **1-800-362-3002**.