

*KyHealth Choices*



**LACY R KING**  
**1211128254**

**DO NOT THROW AWAY!** This is your permanent medical card.

**Card Holder:** Show this card each time you receive any medical services.

**Rules:**

1. Use this card only for the person listed on the front of this card.
2. Do not let anyone else use this card to get services.
3. Do not give false information or hide information to get medical coverage.

**If you break the rules, you can be prosecuted for fraud and have to pay money back.**

If you need to replace this card, call your local DCBS office.

If you have questions about your coverage, call (800) 635-2570.

**THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES!**

**Provider:** You are responsible for verifying the identity, eligibility, and co-pay status of the cardholder.

Eligibility information may be obtained at <http://www.chf.ky.gov/DMS> or by calling (800) 807-1301.

Pharmacy information may be obtained by calling (800) 432-7005.

**To report fraud call (800) 372-2970.**

If found, please drop this card in any U.S. mailbox.

Return postage is guaranteed.

Commonwealth of Kentucky

Department for Community Based Services

275 East Main Street, 3W-A

Frankfort, KY 40621-0001