

## ELIGIBILITY VERIFICATION VIA MEDI-CAL WEBSITE – SAMPLE

1. Access Medi-Cal website via [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)
2. Once in website, highlight “Login” on the left column of the screen
3. Enter your user Id – XXXXXXXXX (9 digits-numbers/letters)
4. Enter your password – XXXXXXXX (8 digit-numbers) - click on submit
5. Click on “Single Subscriber”
6. Enter the client’s SSN in “Subscriber ID” box (000100000 no hyphens needed)
7. Enter client’s DOB in “Subscriber Birth Date” box (format 01/01/1965)
8. Enter Today’s date in “Issue Date” box (format (03/04/2004)
9. Enter any date of service in “Service Date” box to determine eligibility for that month/year (format 03/01/2004)
10. Click on “Submit”
11. The screen will provide the client’s name, (subscriber ID), service date, subscriber birth date, issue date, primary aid code, first, second and third special aid codes, subscriber county code, HIC number, Trace number, i.e., eligibility verification confirmation (EVC) #, and eligibility message
12. To leave web page click on “back” at the top of the web page and then click on clear to enter in the next consumer information.