
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: _____

County Code: _____

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)