UnityPoint Health
St. Luke's Hospital

MEDICAID/HAWK-I ELIGIBILITY VERIFICATION

The St. Luke's Dental Health Center patient I am accompanying is eligible for Medicaid (Title XIX) or Hawk-I benefits for the current month. I am confirming this by signing for this information.

If the patient in my care is not eligible for Medicaid or Hawk-i this month, I understand that I am responsible for all office charges associated with today's visit.

Parent/Guardian/Staff signature Date