Please read the back of this card.

Washington State Department of Social & Health Services

MEDICAL IDENTIFICATION CARD

This Card Valid From 2 08/01/2004
To 3 08/31/2004

1 PO BOX 45893
OLYMPIA WA 98504-5893

4 S01
25

Patient Identification Code (PIC)				Medical Coverage Information							
Initials	Birthdate	Last Name	TB	Insurance	Medicare	HMO	Detox	Restriction	Hospice	DD Client	Other
M-	010143	LIMAB	A								
5	6	7	8	9	10	11	12	13	14	15	16
17											

X - XXXXXX XXXXXX

18 MARJORIE LIMA BEANS
#5L
515 WASHINGTON ST
VANCOUVER WA
98660-3456

19 CNP
20
21
22 XXX XXXXXXXXX
23 XXXXXXXXXXX

SHOW TO MEDICAL PROVIDER AT TIME OF EACH SERVICE

24 NOT TRANSFERABLE

SIGNATURE (Not Valid Unless Signed)

DSHS 06-028 (REVISED 04/2004)