FLORIDA MEDICAID

A Division of the Agency for Health Care Administration

0402

This form is used by providers to **activate** a newborn's Medicaid Identification Number only.
All of the information MUST be completed to activate the Medicaid I.D. number.
Please print clearly. FAX this form to **the Medicaid fiscal agent at 1-877-231-2170.**

MOTHER

MEDICAID ID NUMBER: _ _ _ _ _ _ _ _ _ - _

FIRST NAME: _ _ _ _ _ _ _ _ _ _ _ _

LAST NAME: _ _ _ _ _ _ _ _ _ _ _ _

MOTHER'S SSN: _ _ _ - _ _ - _ _ _ _

Fiscal Agent Use Only

Mom Eligible_____

HMO Enrolled _____

If yes, attach screen.

NEWBORN

MEDICAID ID NUMBER: _ _ _ _ _ _ _ _ _ - _

FIRST NAME: _ _ _ _ _ _ _ _ _ _ _ _

LAST NAME: _ _ _ _ _ _ _ _ _ _ _ _

DATE OF BIRTH: _ _ / _ _ / _ _ _ _

SEX (M or F): _

Fiscal Agent Use Only

Date Entered on FMMIS

_____

Operator ID

_____

PROVIDER

PROVIDER'S ID NUMBER: _ _ _ _ _ _ _ - _ _

PROVIDER NAME: _____

ADDRESS: _____

_____

TELEPHONE NUMBER: _ _ _ - _ _ _ - _ _ _ _

CONTACT NAME: _____

Fiscal Agent Use Only

HMO Provider Number: _ _ _ _ _ _ _ - _ _ Recipient ID: _ _ _ _ _ _ _ _ _ - _

From Date: _____ To Date: _____ Allowed Charges: _____