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: _____