Unborn Activation Form

For use by providers to activate a newborn's Medicaid Identification (ID) Number when they have been determined eligible by the Florida Department of Children and Families. Complete all information and print clearly. FAX completed form to **the Florida Medicaid Fiscal Agent at 1-877-231-2170**.

MOTHER

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

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

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

Fiscal Agent Use Only

Mom Eligible _____

HMO Enrolled _____

If yes, attach screen.

NEWBORN

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

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

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

SEX (M OR F): ____

Fiscal Agent Use Only

Date Entered on FMMIS

_____

Operator ID

_____

PROVIDER

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

PROVIDER NAME: _____

ADDRESS: _____

_____

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

CONTACT NAME: _____

Fiscal Agent Use Only

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

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

The Florida Medicaid fiscal agent will activate the newborn's Florida Medicaid ID number within two working days of receipt, unless:

- The mother is not eligible for Florida Medicaid at the time of the baby's birth.
- The mother is eligible under the PEPW or Family Planning Waiver benefit categories.
- The Unborn Activation Form is incomplete.

AHCA Form 5240-006, (JUN 2016), incorporated by reference in Rule 59G-1.045, F.A.C.