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 1-844-231-2170**.

	MOTHER	Fiscal Agent Use Only
MEDICAID ID NUMBER:		Mom Eligible
FIRST NAME:		HMO Enrolled
LAST NAME:		
		If yes, attach screen.
	NEWBORN	Fiscal Agent Use Only
MEDICAID ID NUMBER:	- _	Date Entered on FMMIS
FIRST NAME:		
LAST NAME:		
		Operator ID
SEX (M OR F):		
•	PROVIDER	
MEDICAID ID NUMBER:		
PROVIDER NAME:		
ADDRESS:		
TELEPHONE NUMBER:		
CONTACT NAME:		
Fiscal Agent Use Only		
HMO Provider Number: From Date:		Recipient ID:
——————————————————————————————————————	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.