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: 271863400

PROVIDER NAME: DR ROMERO MD 466 SW PT ST LUCIE BLVD

ADDRESS: STE #116 PSL FL 34953

TELEPHONE NUMBER: 772-237-4518

CONTACT NAME: BETSY MARCIAL

Fiscal Agent Use Only

HMO Provider Number: _____ Recipient ID: _____

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