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	Fiscal Agent Use Only
MEDICAID ID NUMBER:		Mom Eligible
FIRST NAME:		HMO Enrolled
LAST NAME:		
MOTHER'S SSN:		If yes, attach screen.
-	NEWBORN	Fiscal Agent Use Only
MEDICAID ID NUMBER:		Date Entered on FMMIS
FIRST NAME:		
LAST NAME:		
DATE OF BIRTH:	//	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:	To Date:	Recipient ID:
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*WHY ARE WE ASKING FOR YOUR SOCIAL SECURITY NUMBER (SSN)? Federal law permits the State to use your SSN for screening and referral to programs or services that may be appropriate for you. 42 CFR § 435.910. We use the number to create a unique record for every individual that we serve, and the SSN ensures that every person we serve is identified correctly so that services are provided appropriately. Any information the State collects will remain confidential and protected under penalty of law. We will not use it or give it out for any other reason unless you have signed a separate consent form that releases us to do so or if required by law.

AHCA Form 5240-006, (FEB 2017), incorporated by reference in Rule 59G-1.045, F.A.C.

The Florida Medicaid fiscal agent will activate the newborn's Florida Medicaid ID number within three 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 Presumptive Eligibility for Pregnant Women or Family Planning Waiver benefit categories.
- The Unborn Activation Form is incomplete.