

STATE OF FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
TEMPORARY EMERGENCY MEDICAID IDENTIFICATION CARD

FOR PERIOD	DIST/CO/UNIT	WORKER NAME	PHONE NUMBER
05/01/2023 - 05/31/2023	11/13/410	REYNALDA SCOTT	000-000-0000

MEDICAID ELIGIBLE INDIVIDUALS

MEDICAID ID	FIRST NAME	MI	LAST NAME	DATE OF BIRTH	MEDI-CARE	MEDICARE NUMBER	TPL
7996624160	DA'BRIAJA		HALL	8/13/2004			N

NOTE: THIS CARD IS VALID ONLY FOR THE PERIOD SPECIFIED ABOVE, AND PROVIDES PROOF OF MEDICAID ELIGIBILITY ONLY. PROVIDERS MUST VERIFY MANAGED CARE ENROLLMENT THROUGH THE AUTOMATED VOICE RESPONSE SYSTEM (1-800-925-1955) OR A MEDICAID ELIGIBILITY VERIFICATION SYSTEM (MEVS) VENDOR.

CERTIFICATE OF ELIGIBILITY FOR PRESCRIBED MEDICINE FOR PERIOD: 05012023 TO 05312023

FIRST NAME	MI	LAST NAME	MEDICAID ID
DA'BRIAJA		HALL	7996624160

THE PERSON WHOSE NUMBER APPEARS IS ELIGIBLE FOR PRESCRIBED DRUG BENEFITS. REFER TO YOUR BILLING HANDBOOK FOR CLAIMS SUBMISSION AND ADJUSTMENT TO PRESCRIPTION LIMITS INSTRUCTIONS. BILL THIRD PARTIES COVERING DRUGS PRIOR TO BILLING MEDICAID. DETACH THIS PORTION OF THE CARD AND KEEP IT AS PROOF OF ELIGIBILITY.