

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

FOR PERIOD	DIST/CO/UNIT	WORKER NAME	PHONE NUMBER
04/01/2023 - 04/30/2023	11/13/404	MES PROJECT	866-762-2237

MEDICAID ELIGIBLE INDIVIDUALS

MEDICAID ID	FIRST NAME	MI	LAST NAME	DATE OF BIRTH	MEDI-CARE	MEDICARE NUMBER	TPL
9536904128	JOSUE		MICHEL	4/30/1984			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.

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CERTIFICATE OF ELIGIBILITY FOR PRESCRIBED MEDICINE FOR PERIOD: 04012023 TO 04302023

FIRST NAME	MI	LAST NAME	MEDICAID ID
JOSUE		MICHEL	9536904128

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.