



State of Florida
DEPARTMENT OF CHILDREN AND FAMILIES

Member Name	WILLIE MORRELL
Medicaid ID	402540140
Date of Birth	05/01/1980
For Period	12/01/2023 - 12/31/2023
Group Name	MA R
TPL	N

NOTE: THIS CARD IS VALID ONLY FOR THE PERIOD SPECIFIED ABOVE,
AND PROVIDES PROOF OF MEDICAID ELIGIBILITY ONLY.