

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

FOR PERIOD
06/01/2023 - 06/30/2023

DIST/CO/UNIT
07/49/400

WORKER NAME
MES PROJECT

PHONE NUMBER
866-762-2237

MEDICAID ELIGIBLE INDIVIDUALS

| MEDICAID ID | FIRST NAME | MI | LAST NAME | DATE OF BIRTH | MEDI-CARE | MEDICARE NUMBER | TPL |
|-------------|------------|----|-----------|---------------|-----------|-----------------|-----|
| 7653523447 | JESSICA | J | HUTCHINS | 1/13/1978 | | | 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: 06012023 TO 06302023

| FIRST NAME | MI | LAST NAME | MEDICAID ID |
|------------|----|-----------|-------------|
| JESSICA | J | HUTCHINS | 7653523447 |

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.