

Florida Medicaid Fax Cover Sheet

Use this cover sheet to fax or scan documents to the ACCESS Florida Program.

- For **community partners, state agencies or organization that help ACCESS customers** apply/reapply for benefits, please use a separate cover sheet for each customer you help.
- Please give us as much information as possible about the customer.
- Please write the customer's name on each piece of paper that is send
- Please do not send documents more than once.
- Customers may check their My ACCESS account after three days to confirm the document was received.

What is this for?

For **Application/Renewal** , please check this box :

For **Reporting a change** o an approved case, please check this box or,

For **Medical Bills** to meet monthly share of cost, please check this box .

What is this for?

Web application/renewal/Change confirmation number :(If Know): _____

Case Number (If Know): _____

Customer's Name: _____ DOB: _____

Customer's Social Security Number: _____

(not needed if case or confirmation number was provided above)

What is being turned in? Please check all that apply

Application - Paper Application - Medicaid/Medicare Buy-In Application - Interim Contact Form - Screening for Expedited Medicaid Appointment Sheet

Identity Verification

Legal/Court Documents

Medical Records/Bills

Income verification

Asset Verification

Household expenses

Other or Comments: _____

From: _____ Organization (if any): _____ Phone #: _____

To (if know): _____ Number of Pages: _____