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 fr 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 From - 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: _____