

Notification for Deceased Member

Humana Healthy Horizons® in Florida network-contracted healthcare providers should use this form to notify Humana Healthy Horizons when a member dies.

Important note: Do not distribute this form to members. This form is restricted to provider use only. Please complete all fields in this form.

Provider information:

Name _____

Phone number _____

Member information:

Name _____

Medicaid ID No. (not Humana member ID No.): _____

Date of birth _____

Street address _____

City _____ State _____ ZIP code _____

Gender (If not already included in official notice): _____

Please email the documents below to **FLOSAMedicaidReconCorrespondence@humana.com**

- This form, filled out **completely**
- An official notice and/or a physician's official confirmation of death—such as a death certificate or medical record—that includes a signature and title to identify the physician's facility affiliation and/or as medical personnel

Notices that do not include the required information noted above will not be submitted to Agency for Health Care Administration (AHCA).



Humana Healthy Horizons in Florida is a Medicaid Product of Humana Medical Plan, Inc.