

# 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 **[FLOSMedicaidReconCorrespondence@humana.com](mailto:FLOSMedicaidReconCorrespondence@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

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