RICK SCOTT
GOVERNOR

JUSTIN SENIOR
SECRETARY

DESIGNATION OF AUTHORIZED REPRESENTATIVE FOR SELECTION OF MANAGED CARE PLAN

Recipient Information

Last: _____ **First:** _____ **Middle Initial:** _____

Recipient Medicaid ID: _____ **Recipient Year of Birth:** _____

I wish to designate the person below as my authorized representative for the purposes of selecting my managed care plan.

I fully understand that this designation of authorized representation will only permit my Representative to make the health care decision to select my managed care plan.

Representative: _____
(Print Name)

Address: _____

_____

_____

Phone: _____

Government Issued ID Number: _____
(Examples: Driver's License, Passport, Green Card, etc...)

Last 5 digits of Social Security #: _____

Date: _____

Recipient:

_____
(Print Name)

_____
(Signature)

Date: _____

Witness:

_____
(Print Name)

_____
(Signature)

Date: _____

2727 Mahan Drive • Mail Stop #62
Tallahassee, FL 32308

AHCA Form 5000-3550, January 2017

Form Instructions

Recipient Information:

Last: Enter the legal last name of the recipient.

First: Enter the legal first name of the recipient.

Middle Initial: Enter the first letter of the legal middle name of the recipient.

Recipient Medicaid ID: Enter the Medicaid ID of the recipient.

Recipient Date of Birth: Enter the year of birth for the recipient.

Representative Information:

Representative: Enter the legal name of the representative.

Address: Enter the mailing address of the representative.

Government Issued ID Number: Enter the Government Issued ID of the representative.

(If the representative does not have a Government Issued ID, then they should move to the next step.)

Last 5 Digits of Social Security#: Enter the last 5 digits of the representatives Social Security Number.

Final Instructions:

The form must be signed and dated by the member and a witness and submitted using one of the methods below.

Email	Fax	Mail
flenrollmentrequest@automated-health.com	(850) 402-4678	Agency for Health Care Administration P.O. Box 5197 Tallahassee, FL 32314