

# Florida Department of Health



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

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## CONFIDENTIAL FAX

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NOTE:

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To: Dr. Nivia E. Vazquez

Fax Number: 305-246-2387

Company: Portofino Pediatrics

Date: 8/21/17 Time: 1:48:32 PM

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From: Anna Hogan

Fax Number: 8506176486

Company:

No. of pages: 2

(including cover page)

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Subject: CMS Eligibility

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Message  
Details:



## Children's Medical Services Clinical Eligibility Referral Form

*Please note medical records are not to be submitted with this form.*

With receipt of this form the CMS clinical eligibility unit will contact parent/legal guardian to complete clinical eligibility screening process.

### CHILD'S CONTACT INFORMATION

Child's Name:		
Date of Birth:	Sex:	Social Security #:
Ethnicity:	Race:	U.S. Citizen: Yes / No
ICD-10 codes:	Diagnosis:	
ICD-10 codes:	Diagnosis:	
ICD-10 codes:	Diagnosis:	
ICD-10 codes:	Diagnosis:	

### PARENT (GUARDIAN) CONTACT INFORMATION

Name:	Relationship:		
Address:			
City:	State:	ZIP Code:	
Telephone:	Cell:	E-mail:	

### INSURANCE INFORMATION

Insurance:	
Current PCP:	
Medicaid #:	
Did family apply for KidCare?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### REFERRAL SOURCE

Physician/Hospital name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Email:

### NOTES


### NAME/ DATE OF REFERRAL

Print name of person referring:
Title:
Number to contact (if needed):

**Fax Form to (850) 488-3813 Attention: Clinical Eligibility Unit. For questions: 1-855-901-5390,**

**\*\* A referral to Children's Medical Services (CMS) does not guarantee enrollment into the CMS Plan. Clinical and financial eligibility requirements must be met. The parent/guardian must also select CMS Plan as the child's healthcare plan for enrollment to occur. \*\***