

Estate Recovery Death Notification Form

Member's Name: _____

Medicaid ID / SSN: _____

Date of Death: _____

Member's Home Address: _____

Name of Authorized Representative: _____

Address of Authorized Representative: _____

Contact Phone Number: _____

Has Probate been filed? ☐ Yes ☐ No County: _____

Estate Number: _____

Submitted by: ☐ County Worker ☐ Personal Representative ☐ Executor

☐ Nursing Home ☐ Attorney ☐ Other _____

Name of Facility / Case Manager: _____

Phone Number: _____ Fax Number: _____

Forward to:

Georgia Department of Community Health

Attn: Estate Recovery

900 Circle 75 Parkway

Suite 650

Atlanta, Georgia 30339

Fax phone: (678) 569-0066 Office: (770) 916-0328

E-Mail: GAEstateRecoveryDept@hms.com