

**Georgia Department of Human
Resources Estate Recovery
Notification Form**

_____ County Department of Family and Children Services

Death Notification

Opt out of Medicaid

Member's Name: _____

Client ID, SSN or Medicaid Number: _____

Member's Residential Address: _____

Date of Death: _____

Name of Authorized Representative: _____

Relationship to member: _____

Address of Authorized Representative: _____

Contact Phone Number: _____

Is this a contact at the Nursing Home? Y/N

Case Manager: _____ **Date:** _____

Phone Number: _____

E-Mail

to: Georgia Department of Community Health
at GAEstates@gainwelltechnologies.com

Estate Recovery at (678) 569-0066

Fax :

Phone : Estate Recovery at (770) 916-0328