

**Georgia Department of Human Services
Division of Family and Children Services
OptumRX Prescription Update**

Email to: membernotification@dch.ga.gov; **Use subject:** OptumRX PRESCRIPTION

NOTE: If SSI A/R is not eligible on GAMMIS, fax cert letter to 404-656-9655.

Client Last Name _____

First

Client First Name _____ **MI** _____

Date of Birth _____ **Sex** _____ **Race** _____

Class of Assistance _____

Effective date of eligibility, including BAD for MN _____

Termination date of eligibility for AMN and FM MN cases _____

For all S99, F99 and P99, specify FDL _____

Rx _____ **Yes** _____ **No** _____

If W01, is it hospice _____ **Yes** _____ **No** _____

If EMA, specify dates of eligibility _____

If SSI, is this month _____ **E02** _____ **C01** _____

Client ID _____

County Code _____

Member ID # if known _____

Full address of client

Address 1 _____

Address 2 _____

City _____

Zip _____