

Estate Recovery Death Notification Form

Member's Name: _____

Medicaid ID / SSN: _____ **Date of Death:** _____

Member's Address: _____

Name of Authorized Representative: _____

Address of Authorized Representative: _____

Relationship to Member: _____

Phone Number: _____ **Email:** _____

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

Estate Number: _____

Did the Decedent have assets? If yes, please indicate type/amount if known:

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

100 Crescent Centre Parkway, Suite 1000

Tucker, Georgia 30084

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

E-Mail: GAEstates@gainwelltechnologies.com