
NOTICE OF NEWBORN BIRTHS

SECTION I – PARENT INFORMATION

Mother's Name: _____

Case Number: _____ MAID/Member Number: _____

Mailing Address: _____

SECTION II -- NEWBORN INFORMATION

(Complete name must be provided or the form can not be processed)

Newborn's Name: _____
(Last Name) (First Name) (Middle Initial)

Date of Birth: _____ Date of Death: _____

Sex: _____ Fetal Demise: _____

SECTION III – PROVIDER INFORMATION

Providers Name: _____

Address: _____

Phone Number: _____

Representative Signature

Date Signed

THE NEWBORN WILL BE ADDED TO THE MOTHER'S MEDICAL ASSISTANCE CASE FOR 365 DAYS AFTER THE BIRTH OF THE NEWBORN WITHOUT REGARD TO TECHNICAL OR FINANCIAL ELIGIBILITY REQUIREMENTS. THE MOTHER IS REQUIRED TO PROVIDE PROOF OF TECHNICAL AND FINANCIAL ELIGIBILITY REQUIREMENTS IN ORDER TO CONTINUE TO RECEIVE MEDICAL ASSISTANCE FOR THE NEWBORN, AFTER THE 365 DAY PERIOD HAS EXPIRED.

SECTION IV -- AGENCY USE ONLY

COUNTY CODE: _____

WORKER CODE: _____

DMS SIGNATURE

DATE SYSTEM CHECKED