State of Maryland
DHMH

Maryland Department of Health and Mental Hygiene
Office of Eligibility Services
201 W. Preston St., Room L-9
Baltimore, MD 21201

STATE ID: _____

SPECIAL CAPITATION ENROLLEE
Notification from MCO of HIV Positive Exposed Newborn

On the basis of the best available medical evidence, the following **Newborn** has been diagnosed as having an **HIV+ defined mother:**

United HealthCare ▼ (MCO) Effective Date of Enrollment: _____

Newborn Name: _____
Last First MI

Newborn Address: _____
Street Apt.

WY ▼
City State Zip

Newborn Resident County: Worcester ▼ Medical Assistance Number: _____

Birth Date: _____ Gender: M ☐ F ☐

Newborn Social Security Number: _____

Newborn Race: (check all that apply) ☐ White ☐ African American ☐ Hispanic
☐ Asian/Pacific Islander ☐ Native American/American Indian ☐ Other: (define) _____

PCP: _____ Phone Number of PCP: _____

Birth Information:

Birth Hospital: _____

Mother's Name: _____ Mother's MA No.: _____

Mother's Social Security No.: _____ Mother's Date of Birth: _____

Date Submitted by MCO: _____

Mail or hand carry completed Capitation form to:

DHMH HealthChoice Enrollment Unit, 201 W. Preston Street, Room L-9, Baltimore, MD 21201
Attention: Rosemary Vranish

TO BE COMPLETED BY DHMH:

Diagnosis Verified: _____ *Date Received by DHMH:* _____

Temporary Span: _____

Confirmed Spans: _____ *Date Received by IDEHA/CHSE:* _____

Rev: 6/1/11