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

DATE OF DIAGNOSIS: _____ **STATE ID:** _____

SPECIAL CAPITATION ENROLLEE
Notification from MCO of AIDS Defined Enrollee

On the basis of the best available medical evidence, the following member has been diagnosed as having **AIDS**:

MCO Advantage (MCO) Effective Date of Enrollment: 7/25/10

Name: Recipient (Last) Tom (First) L. (MI)

Address: 2701 Atlantic Avenue (Street) 2B (Apt.)

Anywhere (City) Maryland (State) 21502 (Zip)

Resident County: Allegany Medical Assistance Number: 01234567890

Birth Date: 08/12/67 Gender: M ☒ F ☐

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

Social Security Number: 123-02-0000

PCP: Dr. Howard Saam Phone Number of PCP: 301-123-4567

Signature of MCO Medical Director: /s/ Date: 1/21/11

Please mail or hand carry this completed 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