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 HIV Positive Enrollee

On the basis of the best available medical evidence, the following member has been diagnosed as being **HIV+**

MCO Advantage (MCO) Effective Date of Enrollment: 1/1/11

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

Address: 2109 Atlantic Street (Street) 2A (Apt.)

Anywhere (City) Maryland (State) 21520 (Zip)

Resident County: Allegany Medical Assistance Number: 01236789450

Birth Date: 10/16/66 Gender: M ☒ F ☐

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

Social Security Number: 123-70-0000

PCP: Dr. Howard Saam Phone Number of PCP: 301-123-7654

Date submitted by MCO: 2/28/11

Please mail results of laboratory testing to support verification to:

IDEHA/CHSE, 500 North Calvert Street, 5th Floor, Baltimore, MD 21202
Attention: MCO Coordinator

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:* _____

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

Rev: 6/1/11