

OFFICE OF MEDICAL ASSISTANCE PROGRAMS
TEMPORARY NEWBORN ELIGIBILITY CARD

ATTENTION PROVIDERS: THIS CARD AUTHORIZES YOU AS A PROVIDER ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM TO RENDER SERVICES TO THE NEWBORN LISTED BELOW.

CLIENT INFORMATION								
NEWBORN'S NAME (LAST, FIRST, M.I.)	SEX	BIRTHDATE			MOTHER'S RECIPIENT NUMBER			
	M F	MM DD YY						
MOTHER'S NAME (LAST, FIRST, M.I.)	MOTHER'S BIRTHDATE			MOTHER'S SSN		MA FEE FOR SERVICE	HMO	HEALTH PASS
	MM DD YY					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF MOTHER OR AUTHORIZED REPRESENTATIVE						DATE		

ATTENTION MOTHER: CONTACT THE COUNTY ASSISTANCE OFFICE TO NOTIFY THEM ABOUT YOUR BABY'S BIRTH.

INSTRUCTIONS TO PROVIDER ISSUING THIS CARD

Before the mother is discharged from your care, complete this card and obtain the mother's signature or her authorized representative's signature. Instruct her to contact her County Assistance Office. She should receive a Medical Assistance card for her baby within 60 days after the baby's birth. Tell her to present this card to providers whenever her newborn requires medical services prior to receiving the newborn's Medical Assistance identification card.

IMPORTANT

Once the newborn has been issued an identification card, it is no longer necessary to follow these billing instructions. Refer to the bulletin instructions. Complete your invoice in the normal way using the newborn's recipient number.

PROVIDER BILLING INSTRUCTIONS

The Office of Medical Assistance Programs will accept your invoice even though an identification card (paper MAID card or plastic ACCESS card) may not have been issued for the newborn. Remember to complete your MA invoice as follows:

1. Use the newborn's information (name, birthdate, sex) to complete the recipient section.
2. Use the mother's 10-digit recipient number to complete the item designated for recipient number.
3. Use Attachment Type 26 to indicate that you are billing for a newborn who has not been issued an identification number or identification card.
4. In the Remark Section, enter the mother's name, date of birth and Social Security Number.