



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**:

MCO Advantage Effective Date of Enrollment: 01/12/11

MCO  
Newborn Name: Recipient Jill I.  
Last First MI  
Newborn Address: 1207 Atlantic Avenue 26  
Street Apt.  
Anywhere Maryland 21200  
City State Zip

Newborn Resident County: Allegany Medical Assistance Number: 01234567890

Birth Date: 01/12/11 Gender: M  F

Newborn Social Security Number: 123-00-0000

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

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

Birth Information:	
Birth Hospital: <u>Southwest Memorial</u>	
Mother's Name: <u>Susan Recipient</u>	Mother's MA No.: <u>01234567890</u>
Mother's Social Security No.: <u>123-07-0000</u>	Mother's Date of Birth: <u>6/25/82</u>

Date Submitted by MCO: 2/11/11

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: \_\_\_\_\_