



# Notification of Birth

Medical Assistance Division

Section I – Hospital/Medical Provider Information	
Hospital or Medical Provider Name:	
Address:	P.O. Box/Street Address
	City State Zip

Section II – Certification of Birth	
Child's Name:	Last First Middle
Date of Birth:	___/___/___ <input type="checkbox"/> Female <input type="checkbox"/> Male
Certified by:	
Signature:	Telephone Number Date: ___/___/___
Has the application for a Social Security card for the child been made? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section III – Parent Information	
Mother's Name:	Last First Middle Social Security Number ___-__-____
Mother's Maiden Name:	
Address:	P.O. Box/Street Address
	City State Zip
Father's Name:	Last First Middle
Address:	P.O. Box/Street Address
	City State Zip
Has Paternity Been Established?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section IV - Mother's Medicaid Information	
Medicaid Number (from Medicaid ID card):	
Managed Care Status (please check one):	<input type="checkbox"/> Exempt <input type="checkbox"/> PHP <input type="checkbox"/> LCHP <input type="checkbox"/> MHCP

**When completed, this form meets the initial verification of U.S. citizenship as required by the New Mexico Medical Assistance Division. Submission of this form demonstrates a request to enroll the child named above in the Managed Care Organization of the mother. Medicaid eligibility for the above named child is for twelve months. After the twelve months, a new application may be needed for medical coverage in another category of eligibility.**

Section V - ISD Office Use Only		
Temp ID#	<input type="checkbox"/> Child is Ineligible for Medical Assistance	Date Issued: ___/___/___
ISD Worker:	Print Name	Signature

# INSTRUCTIONS FOR FORM MAD 313 NOTIFICATION OF BIRTH

## **PURPOSE**

The Notification of Birth form (MAD 313) is for hospitals or medical providers to notify the County Income Support Division (ISD) Office of the birth of a child to a New Mexico Medicaid eligible mother. The ISD Office will use the form to determine a child's Medicaid eligibility and temporary identification number.

## **INSTRUCTIONS**

When a child is born to a Medicaid eligible mother, hospitals or medical providers should:

- Complete Sections I through IV.
- Fax the completed form to the County ISD Office where the mother resides.
- If the mother's is enrolled in a MCO, fax a copy of the completed form to the MCO as noted in Section IV.

Upon receipt of the form, the ISD caseworker:

- Determines the child's eligibility.
- Completes Section V.
- Files in the case record.

## **FORM RETENTION**

Permanent