



New Mexico Human Services Department

SUBJECT: NOTIFICATION OF BIRTH - MAD 313 FORM

GENERAL INFORMATION

The Notification of Birth - ISD 200 form has been updated and renumbered the new form is the Notification of Birth-MAD 313.



Notification of Birth

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:	__/__/____	Female Male	
Certified by:			
Signature:		Telephone Number	Date: __/__/____
Has the application for a Social Security card for the child been made?			Yes 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?	Yes 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"/> PHIP <input type="checkbox"/> LCIP <input type="checkbox"/> MHCP

and, this form meets the initial verification of U.S. citizenship as required by the Medical Assistance Division. Submission of this form demonstrates a request to name named child in the Managed Care Organization of the mother. Medicaid eligibility for the above named child is for 12 months. After the 12 months, a new application may be needed for medical coverage in another category of eligibility.

Section V - ISD Office Use Only

Temp ID# _____	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 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