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| ***CONTRACTOR NAME AND LINE OF BUSINESS*** |
|  |  |  |
| ***REPRESENTATIVE NAME*** |  | ***TELEPHONE NUMBER*** |
|  |  |  |
| ***MEMBER NAME*** |  |
|  |  |  |
| ***AHCCCS ID #*** |  | ***DATE OF BIRTH*** |
|  |  |  |
| ***INFANT NAME*** |  | ***DATE OF DELIVERY*** |
|  |  |  |
| ***PLACE OF DELIVERY*** |  | ***TIME OF DELIVERY*** |
|  |  |  |  |  |
| ***WEIGHT (GRAMS)*** |  | ***GESTATIONAL AGE*** |  | **APGAR:** |  | / |  |
|   |
| **CAUSE OF STILLBIRTH (IF KNOWN)** |
|  |
| **DATE OF RAPID PLASMA REAGIN (RPR) SCREENINGS:**1st Trimester: \_\_\_\_ 3rd Trimester: \_\_\_\_\_ At time of delivery: \_\_\_\_\_ |
| **REQUESTS SHALL BE ACCOMPANIED BY DOCUMENTATION SUPPORTING THE ABOVE ITEMS, WHICH INCLUDES:**Pregnancy and Newborn Delivery Record, **and** One of the following to confirm gestational age:* + - Obstetrical prenatal records (history and physical), or
		- Ultrasound report conducted prior to 22 weeks gestation, or
		- Ballard assessment completed at delivery to assess physical maturity.
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| **INFORMATION SHALL BE SUBMITTED AS SPECIFIED IN CONTRACT.** |