|  |  |  |  |  |  |  |  |
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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.** |