|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| ***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:**   1. Pregnancy and Newborn Delivery Record, **and** 2. One of the following to confirm gestational age:    * 1. Obstetrical prenatal records (history and physical), or      2. Ultrasound report conducted prior to 22 weeks gestation, or      3. Ballard Assessment completed at delivery to determine physical maturity of the infant confirming a gestational age of at least 24 0/7 weeks). | | | | | | | |

|  |
| --- |
| **INFORMATION SHALL BE SUBMITTED AS SPECIFIED IN CONTRACT.** |