



# Add-A-Baby Request Form (1/2014)

**If your client lives in Adams, Arapahoe, Douglas, or Elbert County:**

Fax or E-mail this form to Tri-County Health Department, Attention: Healthy Communities

**Fax: 303-745-3365**

**E-mail: [healthycommunities@tchd.org](mailto:healthycommunities@tchd.org).**

NOTE: All forms missing any required information (\*) will be sent back to the requestor which will cause a delay in this request. If you have any questions, please contact Healthy Communities at Tri-County Health Department at **303-873-4404**.

**After the baby has been added, we will contact the family with the new State ID number, and will contact the provider with this information so they may bill for any services provided for this client.**

## PROVIDER INFORMATION

**\*Name of Provider's Office submitting this form:** \_\_\_\_\_

**\*Name of Contact at Provider's Office:** \_\_\_\_\_

**\*Provider Phone Number:** \_\_\_\_\_

**\*Provider Fax Number:** \_\_\_\_\_

### **Information about Mother of Child: [\*REQUIRED INFORMATION]**

**\*Mother's Medicaid / CHP+ State ID:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**\*Mother's Date of Birth:** \_\_\_\_\_

**\*Mother's First Name:** \_\_\_\_\_

**\*Mother's Last Name:** \_\_\_\_\_

**\*Mother's Address:** \_\_\_\_\_

**\*Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**\*Mother's County of Residence:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

### **Information about the Baby: [\*REQUIRED INFORMATION]**

**A Separate form must be completed for each new-born baby.**

***NOTE: Baby's information must be the same as it appears on the birth certificate.***

**\*Baby's First Name:** \_\_\_\_\_

**\*Baby's Middle Name:** \_\_\_\_\_

**\*Baby's Last Name:** \_\_\_\_\_

**\*Baby's Date of Birth:** \_\_\_\_\_

**\*Gender (circle one):** Male

Female

### **HEALTHY COMMUNITIES USE ONLY:**

Date Sent to County: \_\_\_\_\_

Sent to County: \_\_\_\_\_

FHC: \_\_\_\_\_

Dates checked CBMS for ID

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Baby's State ID \_\_\_\_\_

Date family notified \_\_\_\_\_



## Add-A-Baby Form Spanish Forma Para Agregar Bebe (1/2014)

**Si tu cliente vive en el condado de Adams, Arapahoe, Douglas, o Elbert:**

Manda la forma por fax o correo electrónico a Tri-County Health Department. Atención: Comunidades Saludables.

Número de fax: 303-745-3365

Correo electrónico: [healthycommunities@tchd.org](mailto:healthycommunities@tchd.org).

NOTA: Todas las formas que estén incompletas van a ser regresadas el cual va causar un retraso en la forma. Si tienes preguntas por favor de contactar a comunidades saludables en Tri-County Health Department al 303-873-4404.

**Después de que su bebe sea agregado, nosotros vamos a contactar a la familia. Y también contactaremos al proveedor para darles esta información y puedan cobrar por cualquier servicio proporcionado al cliente.**

### **PROVIDER INFORMATION**

\*Name of Provider Office submitting this form: \_\_\_\_\_

\*Name of contact at providers office: \_\_\_\_\_

\*Provider Phone Number: \_\_\_\_\_

\*Provider Fax Number: \_\_\_\_\_

### **Información de la madre del niño: [\*Información Requerida]**

\*Número de Medicaid de mama: \_\_\_\_\_

\*Número de seguro social: \_\_\_\_\_

\*Fecha de nacimiento de mama: \_\_\_\_\_

\*Primer nombre de mama: \_\_\_\_\_

\*Apellido de mama: \_\_\_\_\_

\*Dirección: \_\_\_\_\_

\*Código Postal \_\_\_\_\_

Numero de teléfono: \_\_\_\_\_ \* Condado: \_\_\_\_\_

Correo Electronico: \_\_\_\_\_

### **Información de bebe: [\*Información Requerida]**

Necesita llenar una forma para cada recién nacido.

*NOTA: Información de bebe necesita ser igual que la acta de nacimiento.*

\*Primer nombre de bebe: \_\_\_\_\_ \*Segundo nombre de bebe \_\_\_\_\_

\*Apellido de bebe: \_\_\_\_\_

\*Fecha de nacimiento de bebe: \_\_\_\_\_

\*Sexo (circula uno): NINO NINA

### **HEALTHY COMMUNITIES USE ONLY:**

Date Sent to County: \_\_\_\_\_ Sent to County: \_\_\_\_\_ FHC: \_\_\_\_\_

Dates checked CBMS for ID \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Baby's State ID \_\_\_\_\_ Date family notified \_\_\_\_\_