

DATE OF DIAGNOSIS: _____ STATE ID: _____

SPECIAL CAPITATION ENROLLEE

Notification from MCO of HIV Positive Enrollee

(Pediatric – Patients less than 13 years of age at time of diagnosis, excluding newborns)

On the basis of the best available medical evidence, the following member (**less than 13 years old**) has been diagnosed as being HIV+

MCO Advantage _____ Effective Date of Enrollment: 10/21/10

MCO

Name: Recipient Susan E.

Last First MI

Address: 1021 Atlantic Avenue 2E

Street Apt.

Anywhere Maryland 21502

City State Zip

Resident County: Allegany Medical Assistance Number: 01234567890

Birth Date: 11/07/05 Gender: M F

Race: (check all that apply) White African American Hispanic Asian/Pacific Islander

Native American/American Indian Other: (define) _____

Social Security Number: 123-00-0000

PCP: James Saam, M.D. Phone Number of PCP: 301-123-4567

Date Submitted by MCO: _____

For Recipients less than 13 years of age at the time of diagnosis (excluding Newborns):

Birth Hospital: Southwest Memorial

Mother's Name: Betty Recipient Mother's MA No.: 01234567890

Mother's Social Security No.: 123-02-0000 Mother's Date of Birth: 08/10/85

Please mail results of laboratory testing to support verification to:
IDEHA/CHSE, 500 North Calvert Street, 5th Floor, Baltimore, MD 21202 Attn: MCO Coordinator

Forward completed Capitation form to:
DHMH HealthChoice Enrollment Unit, 201 W. Preston Street, Room L-9 Baltimore, MD 21201
Attention: Rosemary Vranish

TO BE COMPLETED BY DHMH:

Diagnosis Verified: _____ Date Received by DHMH: _____

Confirmed Spans: _____ Date Received by IDEHA/CHSE: _____