(To print from website and FAX)

Alabama Medicaid Agency

Newborn Assignment Form

Patient 1st
Health Care Close To Home

Please assign the newborn

FOR: (Mother's Name) _____

(Mother's Medicaid Number) _____

TO: Physician _____
First MI Last

Physician/Clinic's Medicaid Provider number (if known) _____

Physician Address _____

The Unborn/Medicaid Number of the baby is _____

Baby's Name _____

Address _____

City _____ Zip _____ Phone Number (_____)_____
Area Code

I have been told that I can choose which Patient 1st doctor I want to care for my baby.

Signature of Parent/Guardian _____ Date _____

Name of Person Completing Form _____

Phone Number (_____)_____ FAX Number (_____)_____
Area Code Area Code

Remember: If you send this form in, you do not need to call Medicaid!

What you need to do:

1) For future access, save this form to your computer using the File-Save command.
2) Fill in all of the blanks on this form. Be sure to write neatly! Be sure to answer all the questions on this form. If we do not have all of the information, we cannot make the newborn assignment.
3) After you have completed the form, you may Fax it to 334-215-4140.

If you have questions or do not know what to do, call Medicaid toll-free at 1-800-362-1504.