

**Arkansas Department of Human Services  
Division of County Operations  
Hospital/Physician/Certified Nurse-Midwife Referral  
For  
Newborn Infant Medicaid Coverage**

**IMPORTANT:** This form can only be used for those infants that will be living with their biological mother following discharge from the hospital. If the infant will be living with someone else, a DCO-152, Application for Health Coverage, will need to be completed to provide coverage for the child.

**Part I (TO BE COMPLETED BY PROVIDER OF SERVICES)**

Mother's Name (Last, First, MI)		Admission Date (MM/DD/YY) / /	Mother's Medicaid ID
Mother's Mailing Address Street:		Mother's DOB / /	Mother's Medical Record No. (Hospital)
City:	State:	Zip:	
Father's Name (Last, First, MI)		Father's DOB / /	Father's Home Phone #
Father's Mailing Address Street:			
City:		State:	Zip:
Child's Name (Last, First, MI)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Child's DOB / /	Child's Hospital Medical Record No.
Will this child be claimed as a dependent on someone's tax return? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please list the name of the tax filer and their relationship to the child:		
Was an application made for a Social Security Number? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			
Child's Attending Physician/Certified Nurse-Midwife		Physician's/Certified Nurse-Midwife's Address	
Hospital Name:		Form Completed By: Please Print Name	
Street:		Title:	
City:	State:	Zip:	Telephone: / /
		Date Form Mailed / /	

**Part II (TO BE COMPLETED BY THE NEWBORN INFANT'S MOTHER)**

By signing below, I declare that the child identified on this form will be living with me at the address listed above.

\_\_\_\_\_  
Mother's Signature Date

Please provide the name & telephone number of someone not related to you who can verify that the child will be living with you.

\_\_\_\_\_  
Name Telephone Number

**NOTE:** You must choose a Primary Care Physician (PCP) for your infant before Medicaid will pay his/her bills. See your doctor or your DHS representative about choosing a PCP.

**SEE REVERSE SIDE FOR COUNTY COMPLETION OF FORM AND INSTRUCTIONS**

**FOR DHS COUNTY OFFICE USE ONLY:**

**Part III (To be completed by DHS and returned to Provider)**  
(For Newborn Medicaid Only)

Medicaid approved effective \_\_\_\_\_  
Month Day Year  Medicaid ID

Medicaid denied on \_\_\_\_\_ due to \_\_\_\_\_  
Month Day Year Reason

The mother has not applied for Medicaid for herself; therefore, we cannot determine newborn eligibility for the infant at this time.

\_\_\_\_\_  
Signature of DHS Worker Date Telephone



**Instructions for DCO-645  
Hospital/Physician/Certified Nurse-Midwife Referral Form  
For  
Newborn Infant Medicaid Coverage**

**Purpose**

This form is to be used by hospitals, physicians and certified nurse-midwives to report the birth of an infant whose mother is currently certified for Medicaid in Arkansas and who will be living in the same residence with that mother following discharge from the hospital. It will serve as verification of the birth date of the infant as well as relationship to the mother. It will also verify the eligibility and Medicaid ID number of the infant found eligible by the DHS County Office.

**Completion**

The items to be completed in Part I are self-explanatory. Part II will be completed and signed by the infant's mother. The form should be completed and mailed within 5 days from the birth of the infant, if possible. Inform the mother that she must choose a Primary Care Physician for her infant so that Medicaid can pay the infant's medical bills.

**Routing**

The Provider should mail the form to the DHS County Office of the mother's or caretaker's residence county. The DHS County Office will make the determination of the infant's eligibility within 20 working days from the receipt of the form, generate a Medicaid card for the infant if found eligible, complete Part III of the form, and return a copy of the form to the referring provider.

**NOTE**

**MEDICAID PAYMENT FOR THE NEWBORN INFANT'S MEDICAL SERVICES CANNOT BE MADE UNTIL THE PROVIDER HAS BILLED USING THE NEWBORN INFANT'S UNIQUE ID NUMBER WHICH WILL BE GENERATED BY THIS FORM.**  
DCO-645 (R. 08/15)