



**PLAN DE SALUD
MENONITA**

**Plan de Salud Menonita
BABY CARE/ CASE MANAGEMENT
Newborn Notification Form**



Complete this form for newborn notification within 24hrs of birth and fax completed form to:
787-332-0919

Newborn Information

MOM's / Baby's Last Name:		First Name	Initial
MOTHER Contract ID Number:			Date of Birth:
Weight:	Length:	Gender: <input type="checkbox"/> BB <input type="checkbox"/> BG	<input type="checkbox"/> Vag <input type="checkbox"/> C-Section
Apgar score:	GA: _____	<input type="checkbox"/> Well Baby	Medical <input type="checkbox"/> Birth Weight < 2500 grams
Phycosocial <input type="checkbox"/> Needs due to disability		<input type="checkbox"/> Fetal alcohol Syndrome/ substance exposed newborn	
<input type="checkbox"/> Protective services involvement		<input type="checkbox"/> Genetic Condition <input type="checkbox"/> Infant Chronic Illness	
Nutritional <input type="checkbox"/> Inadecute Sucking <input type="checkbox"/> Anemia		Other Diagnosis:	
Other Risks:			

Mother/ Beneficiary Information

Mother's Date of Birth: ____/____/____	<input type="checkbox"/> Maternal age < 18yr
Mother's Phone Number:	Other Tel:
Mother's Address:	

Hospital Information

Hospital Name:	City:
Contact Person:	Tel.

Plan de Salud Menonita Use Only

Date send to ASES / Puerto Rico Medicaid Program:	
Case Manager Signature:	Date:

PSM complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability or sex.

As requested, PSM provides **free assistance and services to people with disabilities and people whose native language is not Spanish to communicate effectively with us. If you need to receive these services, call [1-866-600-4753](tel:1-866-600-4753) and [1-844-726-3345](tel:1-844-726-3345) TTY (hearing-impaired).**

