

Texas Health and Human Services Commission
PO Box 149029
Austin Texas 78714-9029



Case Number: [REDACTED]

Date
08/18/2018

Contact Tel #
2-1-1

Texas Health and Human Services Commission
PO Box 149029
Austin Texas 78714-9029

Courtesy Notification Of Newborn Recipient Number Assignment

UNIVERSITY MEDICAL CENTER
602 INDIANA
LUBBOCK TX 79415-3364

REF:

PROVIDER LICENSE NO. 137999206

MOTHER'S NAME: [REDACTED]	MEDICAL RECORD NUMBER: [REDACTED]	MOTHER'S INDIVIDUAL NO: [REDACTED]
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ASSIGNMENT OF NEWBORN INDIVIDUAL NUMBER

CHILD'S NAME [REDACTED]			
CHILD'S INDIVIDUAL NUMBER [REDACTED]	DATE OF BIRTH [REDACTED]	MEDICAL RECORD NUMBER [REDACTED]	DATE ELIGIBILITY BEGINS [REDACTED]

THIS NEWBORN CHILD IS AUTOMATICALLY ELIGIBLE FOR MEDICAID BECAUSE THE CHILD'S MOTHER WAS ELIGIBLE FOR AND RECEIVING MEDICAID WHEN THE CHILD WAS BORN. IF CERTAIN ELIGIBILITY REQUIREMENTS ARE MET, THIS CHILD IS ELIGIBLE TO RECEIVE MEDICAID THROUGH THE MONTH OF THE CHILD'S FIRST BIRTHDAY.

IF THE INFORMATION ABOVE CONFLICTS WITH YOUR RECORDS, PLEASE NOTE THE CORRECT INFORMATION ABOVE THE ITEM IN ERROR AND RETURN THIS FORM IMMEDIATELY TO AVOID DELAY IN CLAIMS PROCESSING. NO ACKNOWLEDGEMENT OF THE RETURNED DOCUMENT WILL BE MADE UNLESS ADDITIONAL INFORMATION IS REQUIRED.

PLEASE PROCEED WITH CLAIM PROCESSING ACTIVITIES CONCERNING THIS INDIVIDUAL.

PLEASE USE THE NEWBORN CHILD'S INDIVIDUAL NUMBER WHEN SUBMITTING CLAIMS TO TMHP FOR SERVICES RENDERED TO THE CHILD.

Texas Health and Human Services
Commission Data Integrity
PO Box 12668
Austin, TX 78711-2668
