(To print from website and Mail)

Alabama Medicaid Agency Newborn Assignment Form



Please assign the newborn

	(Mother's Name)		
	(Mother's Medicaid Number)		
го:	PhysicianFirst	MI	Last
	FIISt	IVII	Last
	Physician/Clinic's Medicaid Provider number (if known)		
	Physician Address	7 2 2	
The U1	nborn/Medicaid Number of the ba		
Baby's	s Name		
Addre	ss		
	-42000000000000000000000000000000000000	Phone Number ()	
		Area Code	
have	been told that I can choose which	ch Patient 1st doctor I want to care f	or my baby.
ignat	ure of Parent/Guardian	D	ate
Jame	of Person Completing Form		
hone	Number ()_	FAX Number ()	
	Area Code	Area Code	

What you need to do:

- For future access, save this form to your computer using the File-Save command. 1)
- Fill in all of the blanks on this form. Be sure to write neatly! Be sure to answer all the questions 2) on this form. If we do not have all of the information, we cannot make the newborn assignment.
- To mail this form, you must place it in a stamped envelope and mail it to Medical Services, 3) Alabama Medicaid Agency, PO Box 5624, Montgomery, AL 36103-5624.

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