Kansas
Department of Health and Environment
Division of Health Care Finance

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Facility Birth Reporting Form of Deemed Newborns

All fields are required information for form to be considered valid

Mother's information			
Mother's name (first, middle, last)			
Mother's DOB			
Mother's Social Security			
Beneficiary ID number			
Active Medicaid at time of delivery?	Choose mother's Medicaid status at delivery		

Newborn's information			
Baby's name (first, middle, last)			
Baby's DOB		Choose gender	
Name of birth hospital & City			
Application for a Social Security Number submitted by birth hospital?	Application to Social Security status		

Information of person and institution reporting birth of Medicaid baby			
Name of hospital submitting form			
Signature of staff completing form		Date	