POLICY 410, ATTACHMENT B - REQUEST FOR STILLBIRTH SUPPLEMENT

CONTRACTOR NAME: _____

REPRESENTATIVE'S NAME: _____ TELEPHONE NUMBER: _____

MOTHER'S NAME: _____

AHCCCS ID #: _____ DATE OF BIRTH: _____

INFANT'S NAME: _____ DATE OF DELIVERY: _____

PLACE OF DELIVERY: _____ Time of Delivery: _____

WEIGHT (GRAMS): _____ GESTATIONAL AGE: _____ APGAR'S: _____ / _____

CAUSE OF STILLBIRTH (IF KNOWN): _____

REQUESTS MUST BE ACCOMPANIED BY DOCUMENTATION SUPPORTING THE ABOVE ITEMS, WHICH INCLUDES:

Maternal and Newborn Delivery Record, **and**
One of the following to confirm gestational age:

- Obstetrical prenatal records (history and physical); or
- Ultrasound report conducted prior to 20 weeks gestation; or
- Ballard assessment completed at delivery to assess physical maturity.

SEND THE REQUEST AND SUPPORTING DOCUMENTATION TO EITHER OF THE FOLLOWING:

ELECTRONIC SUBMISSION

~~Upload of password protected submission to the secure portal , with secure email notification to the MCH/EPSDT Program Manager Administrator~~
Information shall be submitted as specified in Contract.[1]

[1] Refer to Contract for submission requirement

Effective Date: 4/1/2004, 01/10/18, 10/01/18
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