



**Department of Medical Assistance Services
 MEDICAID/FAMIS NEWBORN
 ELIGIBILITY NOTIFICATION**

This document is the official notification of the child's birth for Medicaid or FAMIS enrollment.
 For children born to a Medicaid/FAMIS/FAMIS MOMS eligible mother with full coverage, the
 Medicaid/FAMIS eligibility for the newborn begins on the date of birth.

ALL QUESTIONS MUST BE ANSWERED IN ORDER TO BE PROCESSED (Please Type or Print Clearly)

Mother's Name _____
Last First M.I.

Mother's SSN _____ - - **Mother's Date of Birth** ____ / ____ / ____
MM/DD/YY

Mother's Address _____
Street

City State Zip

Mother's Medicaid/FAMIS/FAMIS MOMS ID Number (12 digits) _____ - _____

Mother's Telephone Number (if known) (____) _____ - _____

Full Name of Newborn(s)			Birth Date	Sex	Race
_____ <small>Last</small>	_____ <small>First</small>	_____ <small>MI</small>	____ / ____ / ____ <small>MM/DD/YY</small>	_____	_____
_____ <small>Last</small>	_____ <small>First</small>	_____ <small>MI</small>	____ / ____ / ____ <small>MM/DD/YY</small>	_____	_____
_____ <small>Last</small>	_____ <small>First</small>	_____ <small>MI</small>	____ / ____ / ____ <small>MM/DD/YY</small>	_____	_____

Submitted by _____ **Telephone #** _____) - _____
Name and Title

Provider Name _____ **Provider NPI** _____

Provider Address _____
City State Zip

To access the Newborn E-213 link via DMAS provider web portal click
<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal>

To manually process, please fax or mail this form immediately to the Local
 DSS office for the Mother's case. Current listing of local DSS Agencies click
www.dss.virginia.gov/localagency

DSS Use Only	
Date Received	____ / ____ / ____ <small>MM/DD/YY</small>
Date Processed	____ / ____ / ____ <small>MM/DD/YY</small>
Note: Medicaid/FAMIS newborns must be linked to their mother's case when enrolled in MMIS.	