



## Birth Reporting Form

### Permission to Release Protected Health Information

(Use this form **only** for pregnant women enrolled in TennCare or CoverKids)

If mother is not enrolled, go to <https://tn.gov/tenncares> to find out how to apply.

#### Enrolled Mother's Information

First Name:	Middle Name:	Last Name:
Phone Number:	Date of Birth (MM/DD/YYYY):	
SSN (if applicable):	Health Plan Member ID #:	

#### Newborn Child's Information

First Name:	Middle Name:	Last Name:
Sex:	Date of Birth (MM/DD/YYYY):	
Address:		

#### Hospital/Birthing Center Information

Name:	Phone Number:
Address:	

Check this box to confirm that the child being reported on this form was born at the Hospital/Birthing Center listed above

**Enrolled Mother:** I am enrolled in TennCare or CoverKids. I give permission to the Hospital/Birthing Center listed above to release information about myself and my newborn child to the Division of TennCare, CoverKids, or their designated contractors in order to determine medical coverage eligibility for programs such as TennCare Medicaid and CoverKids. The Hospital/Birthing Center may provide only the information included on this form.

I understand my eligibility and ability to obtain health care and coverage does not depend on my granting this authorization. I understand that information shared in this document may be shared with others. Not everyone has to follow privacy rules. I understand I can terminate this authorization at any time by giving written notice to the Hospital/Birthing Center. This will not change facts they have already shared.

Signature of Mother:	Date:
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*If applicant/recipient is not able to sign, an authorized representative may sign and provide legal documentation of authority (e.g. power of attorney, custody documentation).*

**Hospital Representative:** I have confirmed that the mother is currently enrolled in TennCare Medicaid or CoverKids, and was also enrolled at the time of birth.

To verify eligibility, I used the following eligibility lookup system:

Name of Eligibility Lookup System:
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I understand that this page is only used for reporting newborns born to mothers that are enrolled in TennCare Medicaid or CoverKids at the time of birth. I understand that by submitting this page on behalf of the enrolled mother, I am certifying that I have reviewed and confirmed the mother's enrollment in TennCare Medicaid or CoverKids.

Name of Hospital Representative:	Signature of Hospital Representative:	Date:
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The hospital/birthing center should fax this to TennCare Connect at **855-315-0669**.