Children's Medical Service Perinatal Data System

___/___/___
Date Completed

Fiscal Component

_____
Mother's Soc. Sec. No.
(Unique Number)

Fiscal Record For: **OB**__ **NE**__

_____	_____	_____	_____
Mother's Hospital Number	Mother's Name (last, first)	Child's Name (last, first)	Child's Hospital No.

_____
Mother's Medicaid Number

_____
Fiscal Status

EL-Medicaid Eligible **IE**-Insurance Eligible
UF-Unfunded **NN**-Non-Eligible
HM-Medicaid HMO

PEPW: Y / N
Ongoing Medicaid: Y / N

Hospital

$_____	__/__/__	__/__/__
Hospital Charge (Include Transport Charges)	Date of Hosp. Admission	Date of Hosp. Discharge

_____
Provider # or Code

$_____	___/__/__	__/__/__	_____
Physician Charges	Physician Charges Began	Physician Charges Ended	Provider Name

Transport

Incoming Transport Mode: ____

Outgoing Transport Mode: ____

2- In Utero **6**- Special Vehicle
3- Ambulance **7**- Private Auto
4- Helicopter **8**- Other Mode
5- Airplane **9**- Military Aircraft

Discharge

Neonatal Forms only:

_____Discharge status
U-unknown
4-Other NICU
5-Stepdown
6-Normal Nursery
7-Other Nursery
8-Child's Home
9-Adoptive Home
10-Foster Care
11-Died, Autopsied
12-Died, No Autopsy
13-Institution
14-Other

Discharge Weight (gm): ____

Completed by: _____

Date Entered in System:
__/__/__