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**NEW BABY INSURANCE REMINDER**

**Important Insurance Reminder for New Parents**

Congratulations on the newest addition to your family! We are delighted to assist in the care of your new bundle of joy.

As you adjust to the first month with your newborn, we want to remind you about your insurance policy:

**Please note that newborn coverage is NOT added automatically to your insurance policy. It is your responsibility to ensure your new child is enrolled in your insurance plan.**

Many insurance policies only cover your newborn for the first 30 days of life. It is crucial to contact your insurance provider or employer directly to enroll your baby. If you are enrolled in a state program, please contact your caseworker promptly to ensure coverage.

**Medicaid:**

Your baby must have their own state Medicaid ID number. We do not accept out-of-state Medicaid programs.

**Other Insurance Companies:**

Missing the enrollment deadline for your newborn can make it very difficult, if not impossible, to enroll your baby until your insurance plan's next annual enrollment period.

**This lapse in coverage may result in significant unexpected expenses. (Initials) \_\_\_\_\_**

**At Your 2-month Well Child Check:**

Therefore, at your baby's 2-month Well Child Check, you must provide proof of your baby's insurance coverage. Typically, this proof is in the form of an insurance ID card. This ID card must be presented at your baby's 2-month examination.

If you do not have the ID card at the time of the appointment, we may ask you to reschedule or pay at the time of service. Having an ID card with your baby's name on it is the primary way for us to verify enrollment, although please be aware that possessing the ID card does not guarantee payment as coverage details can vary by insurance plan.

Please familiarize yourself with your insurance plan's coverage and benefits to ensure you are prepared for your baby's healthcare needs.

Thank you for your attention to this matter. We look forward to continuing to care for your family.

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ TODAYS DATE: \_\_\_\_\_