



TIERS Case Number:

Date:

[Individual's Name]
[Address Line 1]
[Address Line 2]
[City, State ZIP Code]

Subject: **This is a reminder**

Dear [Individual's Name]:

To keep getting benefits, we need you to:

Tell us about your baby.

You will need to tell us your baby's: (a) birth date, (b) the baby's gender — male or female, and (c) the baby's name. You can tell us one of these ways:

- Call 2-1-1 or 1-877-543-7669 (1-877-KIDS-NOW).
- Fax a letter to 1-877-236-4123 (toll-free).
- Mail a letter to:

Texas Health and Human Services Commission
PO Box 149027
Austin, TX 78714-9027

Do these next 2 steps. It could save you money.

You get CHIP perinatal services, but due to your case, some costs need to be paid by Emergency Medicaid.

If you don't do these 2 steps:

- You will need to pay your labor and delivery costs.
- Your baby might not get Medicaid from birth to the 1st birthday.

1. Take Form H3038-P to your doctor to fill out.

With this letter we are sending you Form H3038-P, CHIP Perinatal — Emergency Medical Services Certification. Take that form with you when you go to the hospital to deliver your baby. Ask your doctor to fill out the form after the baby is born.

2. Send Form H3038-P back to us.

After your doctor fills out the form, mail it back to us. Use the prepaid envelope that came with this letter. If you lose the envelope, mail the form to:

Texas Health and Human Services Commission
PO Box 149027
Austin, TX 78714-9027

Or you can fax the form to 1-877-236-4123 (toll-free).

Questions:

Call 2-1-1 or 1-877-543-7669 (1-877-KIDS-NOW) (toll-free) Monday to Friday, 8 a.m. to 6 p.m. Central Time.